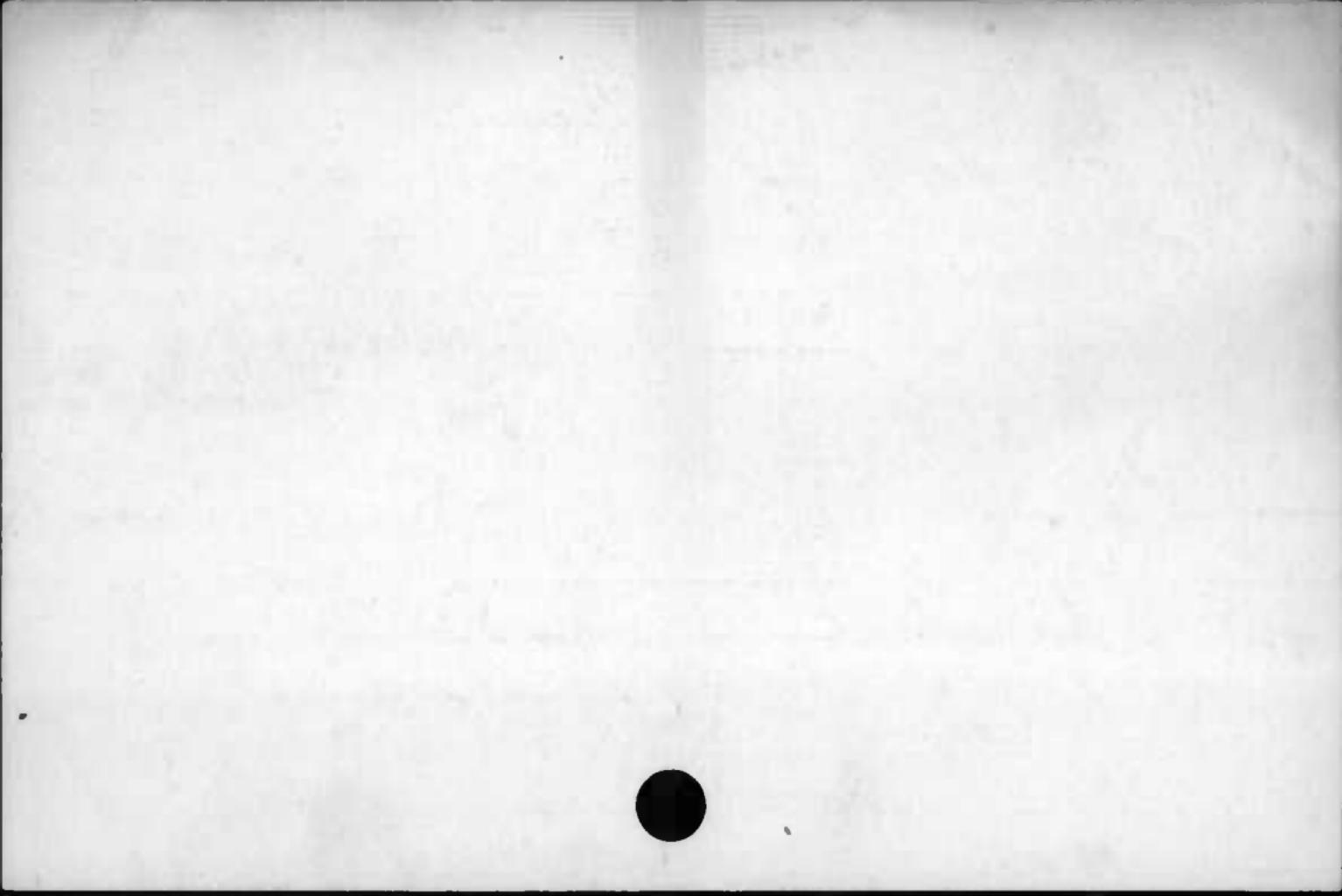


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County	MARYLAND	
Date of death	1906	Month 12	Day 6	Years 73	Months 2 Days 13
Sex	Male	Color or Race	White	Birth-place	Mass.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Louise Ager		
Father's Name	a. C. M. Ager				
Mother's Maiden Name	Louise Jackson				
Name of person giving Information	Mrs Chas Ager				
CAUSES OF DEATH					
Primary	Mitral insufficiency				
Immediate	Cardiac failure				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Address		
Accident or Suicide?			Neither		



Name
in
Full

William Anderson 12/16/1917 CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Mary A. Anderson (Deceased)	
Father's Name	John Anderson		
Mother's Maiden Name	Unknown	Syracuse	
Name of person giving information	W. O. Anderson Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accident

How long

Immediate

at rock in morning street fair
in business across

How long

Are the name, age, sex, color, date and place correctly given above?

yes

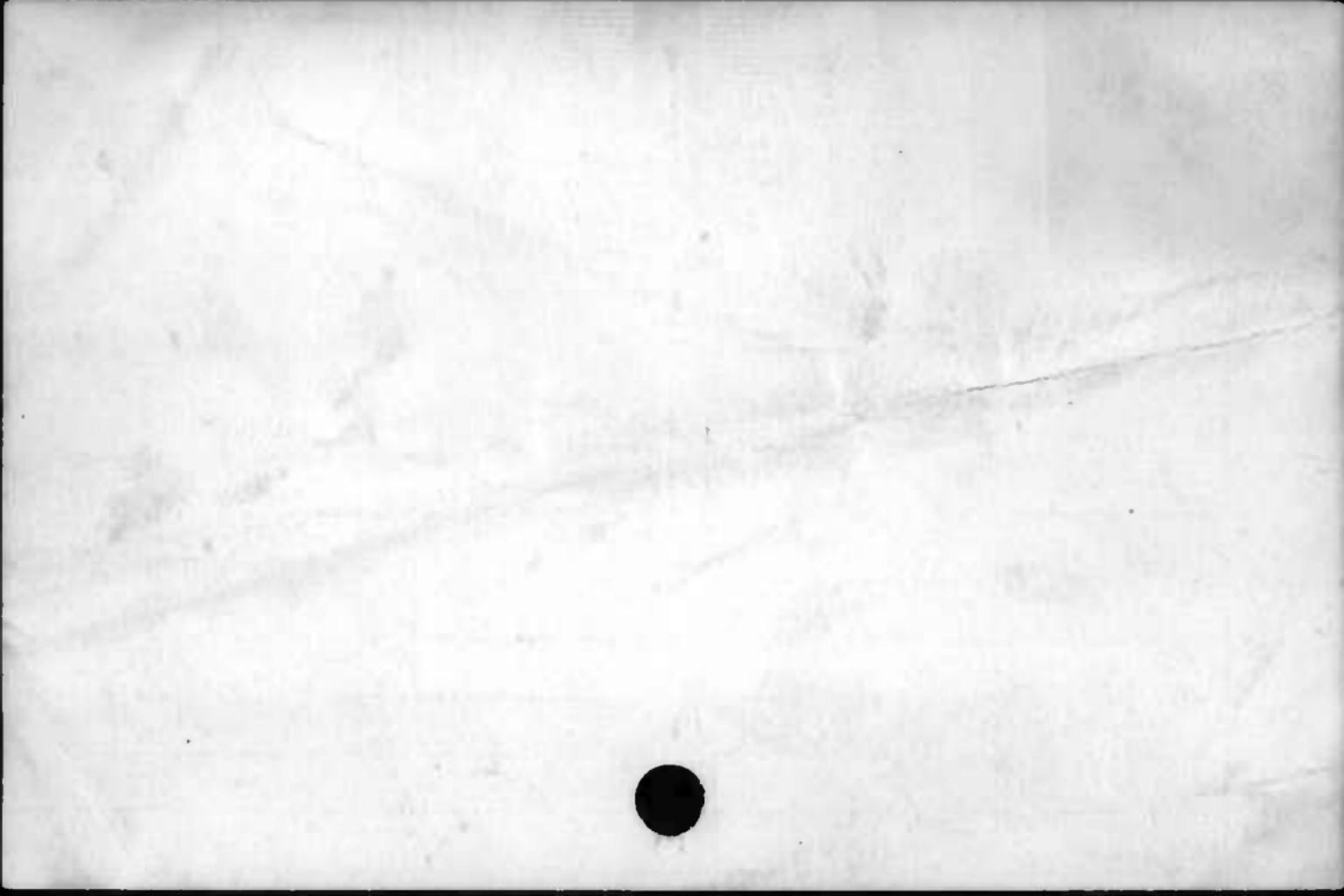
Signature of Physician

Augustust H. Dahler

Acting Coroner

Bladensburg Md

Accident or Suicide?



Name
in
Full

William E Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at or near		Town	County		MARYLAND	
Date of death	1906	Month Dec.	Day 2nd	Years	Months	Days
Sex	male	Color or Race	colored		Birth-place	Place of death
Occupation	None		Where Residing If not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name	Hesekyl Bailey				Father's Birthplace	Maryland
Mother's Maiden Name	Lillian Lucas				Mother's Birthplace	Virginia
Name of person giving Information	Hesekyl Bailey				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Natural causes

How long

two days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

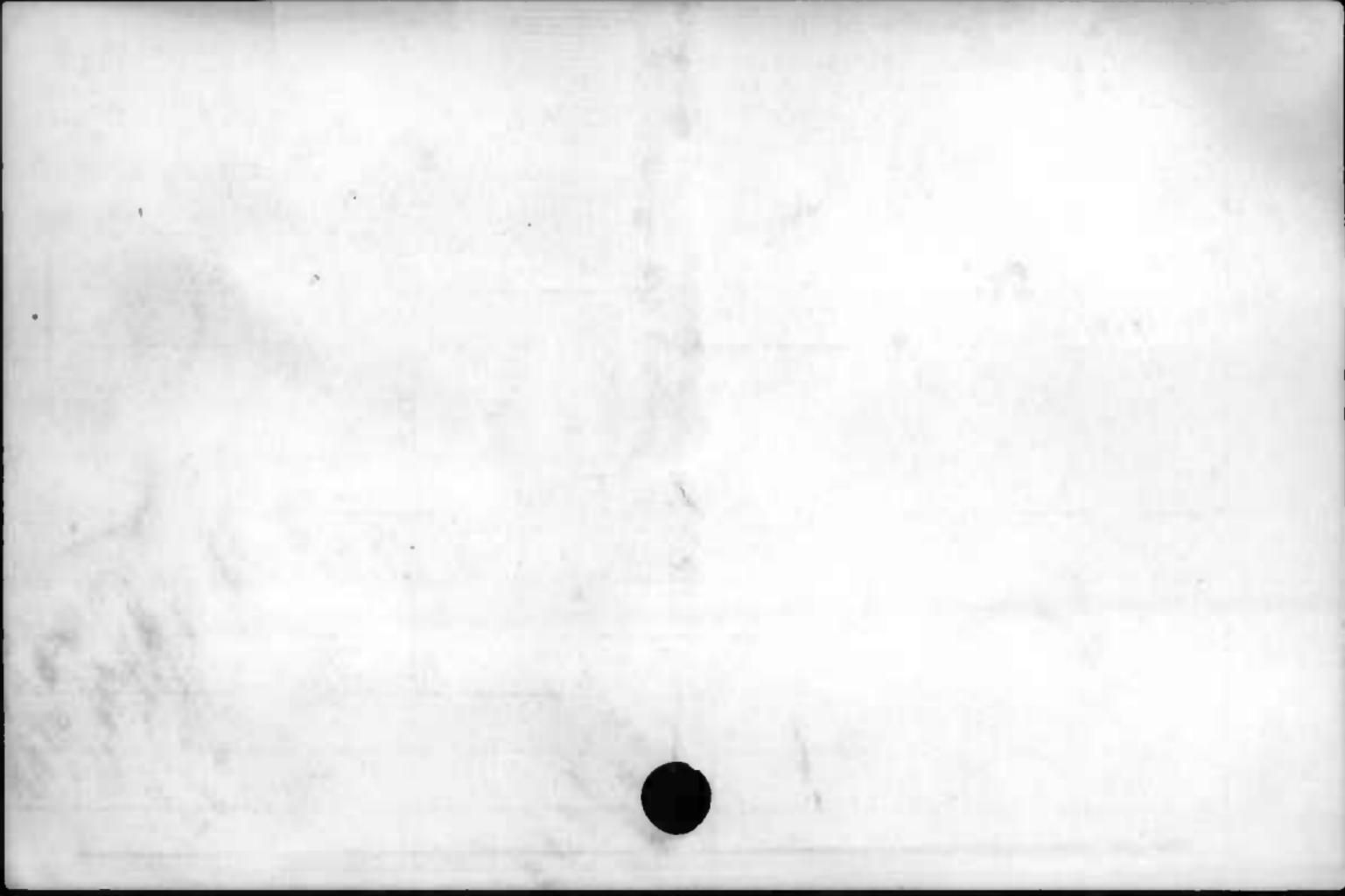
Address

Augustus H Dahler, Jr., P.

acting Coroner

Bladensburg, Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Laurie</u> Town		<u>Baldwin</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Apr.</u>	Day <u>1</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Laurie</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>J. M. Baldwin</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Barbara Vogt</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Mr. Baldwin</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Stillborn

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

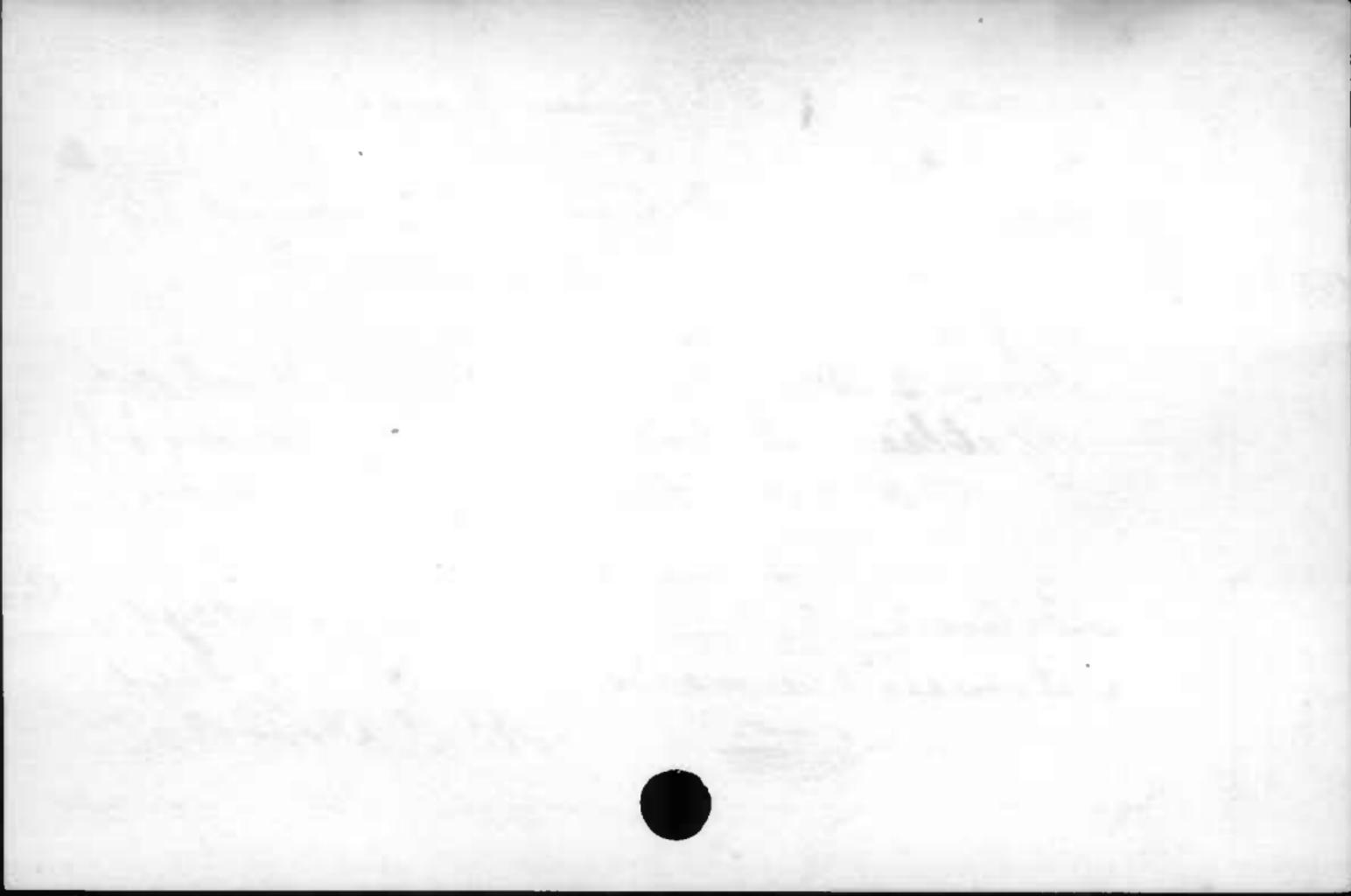
Signature of Physician

J. M. Baldwin

Address

Laurie,Md.

Accident or Suicide?



Name
in
Full

Harry Baunds

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Diad at	Town Laurel	County Prince Geo	MARYLAND		
Date of death	Month 1906 12	Day 9	Years Age 29	Months - -	Days - -
Sex male	Color or Race white	Birth- place Md			
Occupation Butcher	Where Residing if not at place of death —				
Married, <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband Sadie Baunds				
Father's Name Hezekiah Baunds	Father's Birthplace Md				
Mother's Maiden Name Laurie Conroy	Mother's Birthplace Md				
Name of person giving Information Walter Baunds	How related to deceased Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis	2	How long One year
Immediate Pulmonary Hemorrhage	2	How long Suddenly
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W.T. Taylor	Address Laurel Md
Accident or Suicide?		

2.1

Name
in
Full

Harry G. Belt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Laurel	Prince George			
Date of death	Month	Day	Years	Months	Days
1906	12	27	Age	4	28
Sex	Male	Color or Race	White	Birth-place	Laurel, Md.
Occupation	name	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Harry G. Belt	Father's Birthplace	Wash. D.C.		
Mother's Maiden Name	Matilda Gilbert	Mother's Birthplace	(Audubon Park, N.Y.)		
Name of person giving information	R. C. Hardy	How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sertusis.	How long	10 days
Immediate	Broncho-Pneumonia	How long	5 days.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

R. C. Hardy

Accident or Suicide?



Name
in
Full

Julia Blaundford

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
of 1906	12	21	Age			
Sex	Color or Race	Where Residing if not at place of death	Birthplace	Md		
Female	Colored		Md			
Occupation	None					
Married, Single or Widowed	Name of Wife or Husband	Charles Blaundford				
Father's Name	Hassie Tiffman					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

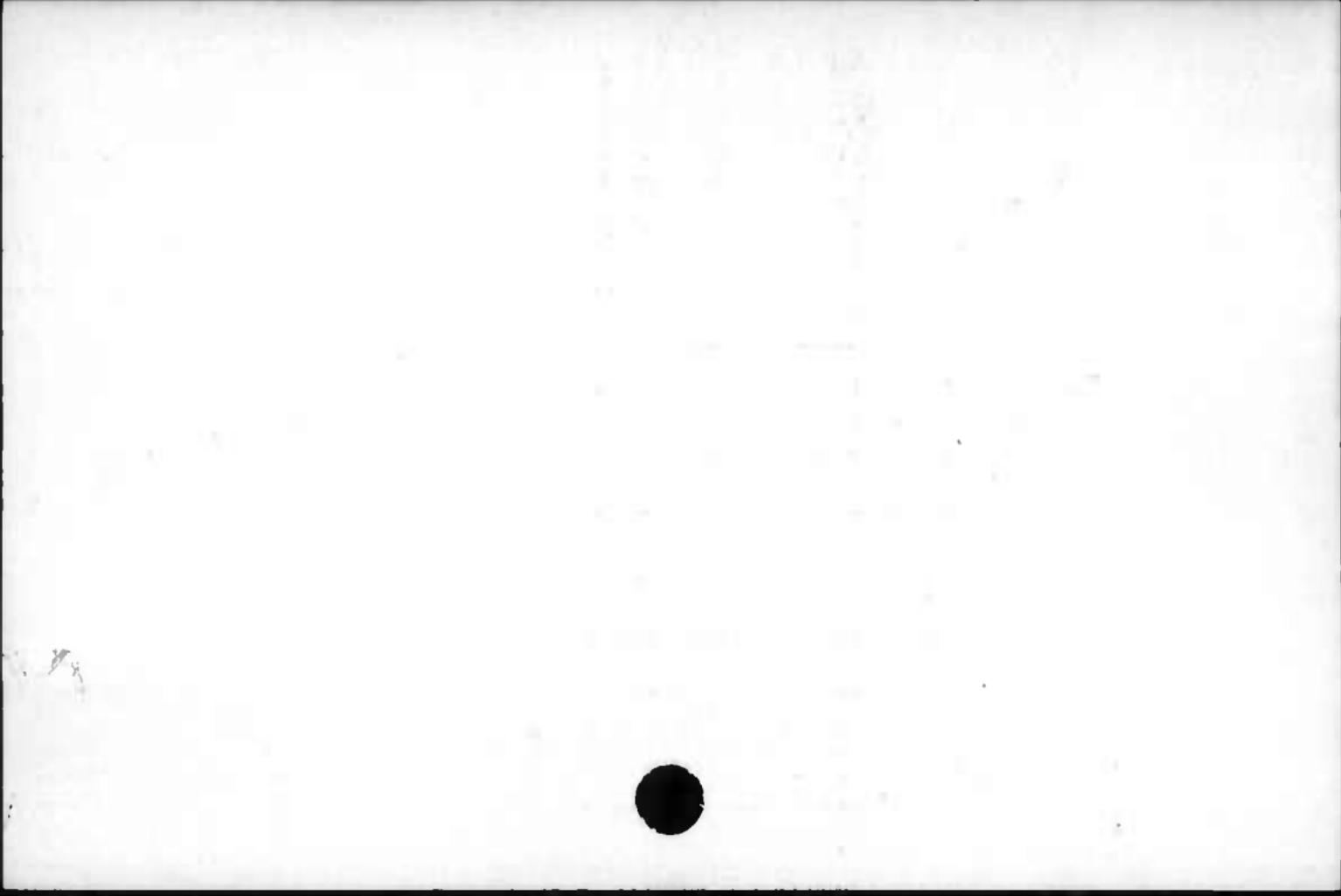
Signature of Physician

I spied in ink

Address

Dr. J. Walkins M.D.
Harderty Md

Accident or Suicide?



Name
in
Full

Fulton G Bounds

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death		Near Laurel		
Married, Single or Widowed	Name of Wife or Husband	Name		Father's Birthplace	
Father's Name	William G Bounds		Mother's Birthplace		Ma
Mother's Maiden Name	Alvorta Clagett		How related to deceased		Ma
Name of person giving information	Wm G Bounds				Hathen

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

1 week

Immediate

Typhus

How long

—

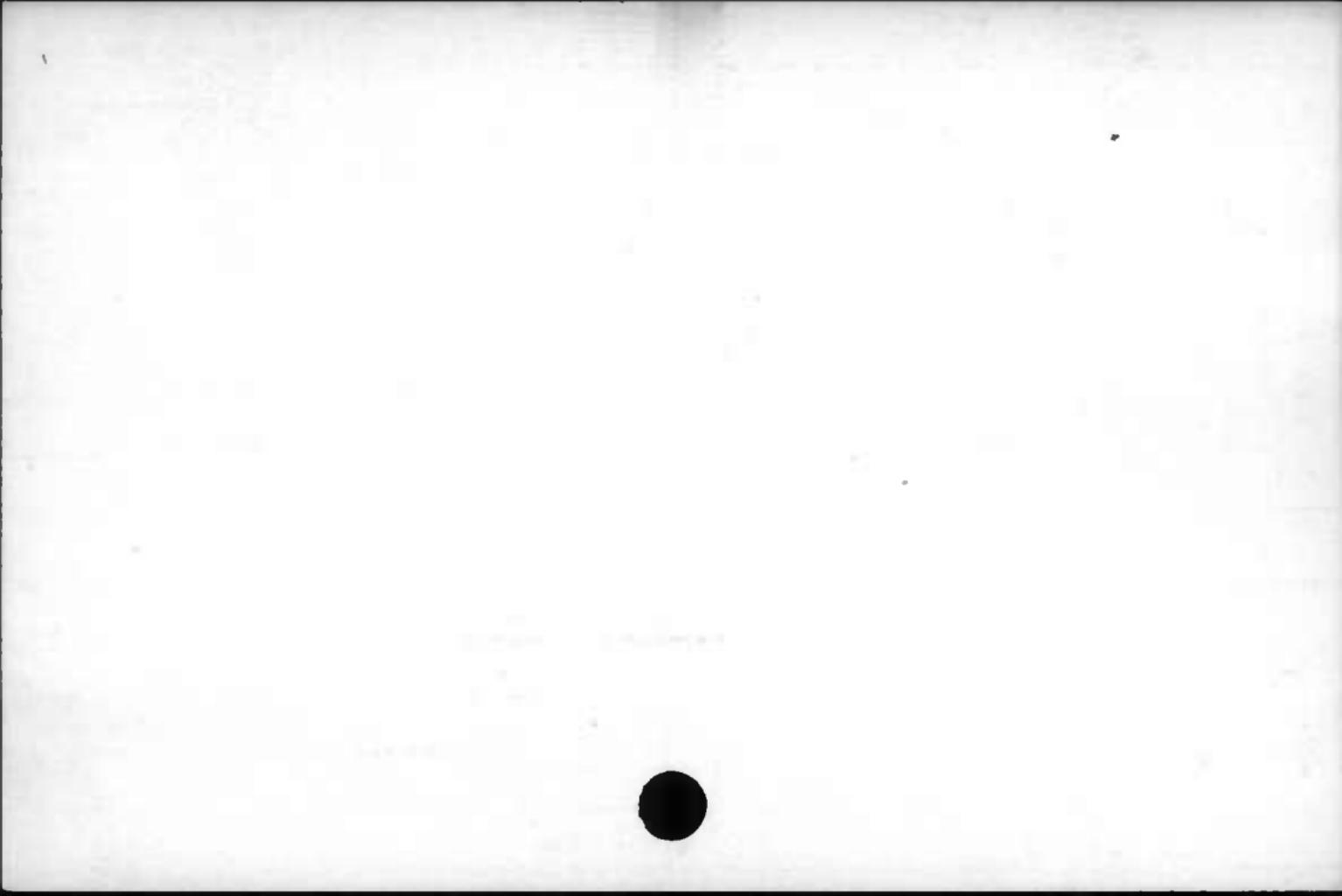
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

W. J. Taylor
Laurel Md

Accident or Suicide?



Name
in
Full

Jesse Boyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Brandywine District		Town Port Royal		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1906	12	28	50	2	4		
Sex male	Color or Race	colored		Birth-place		Md	
Occupation	None		Where Residing if not at place of death		—		
Married, Single or Widowed	Name of wife or Husband		—		—		
Father's Name	Noble Boyd		Father's Birthplace		Md		
Mother's Maiden Name	Susan Hawkins		Mother's Birthplace		Md		
Name of person giving information	Noble Boyd		How related to deceased		father		

CAUSES OF DEATH

Primary

Bronco pneumonia

How long

2 weeks

92

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

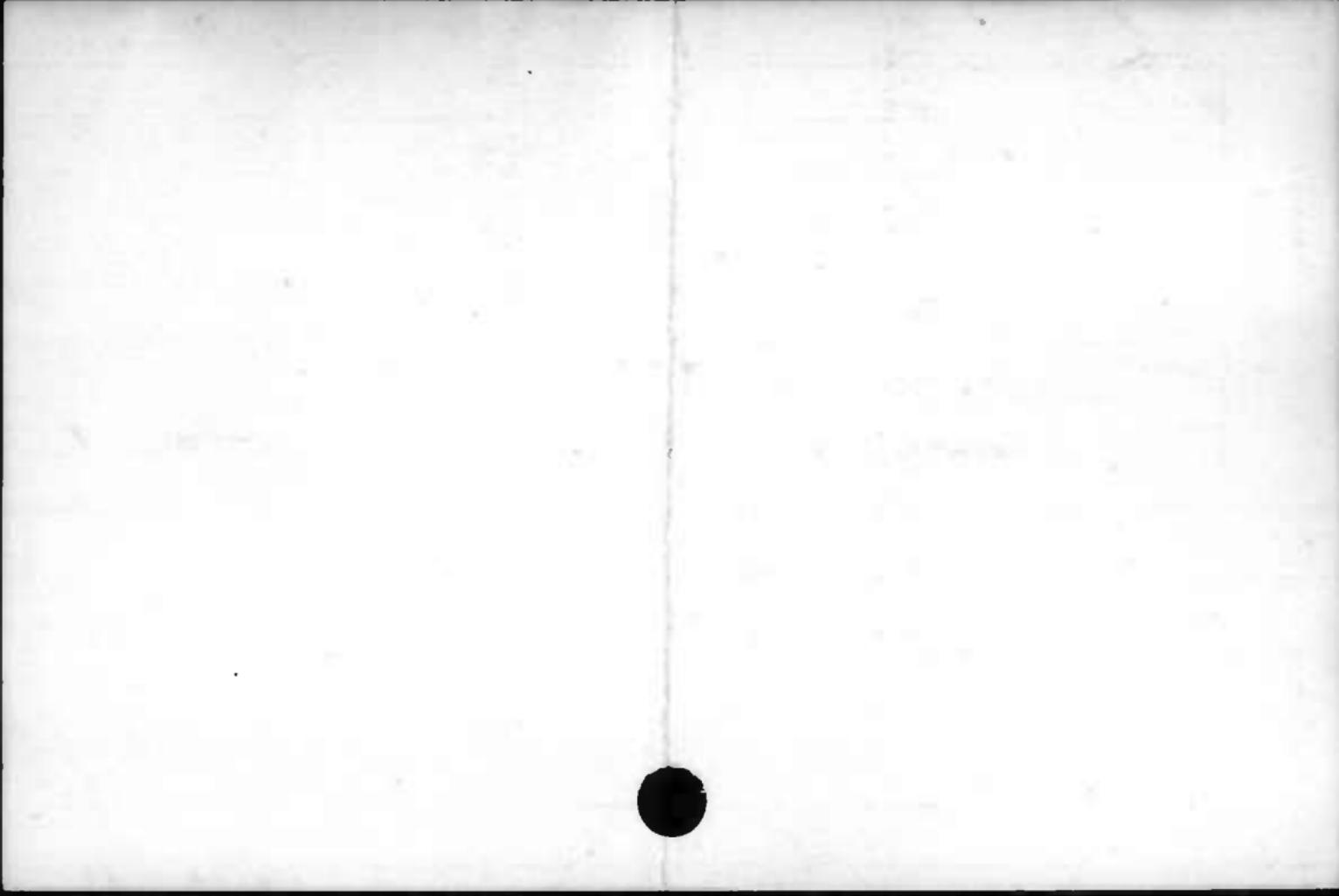
Address

John A. Cor

2 B.

Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

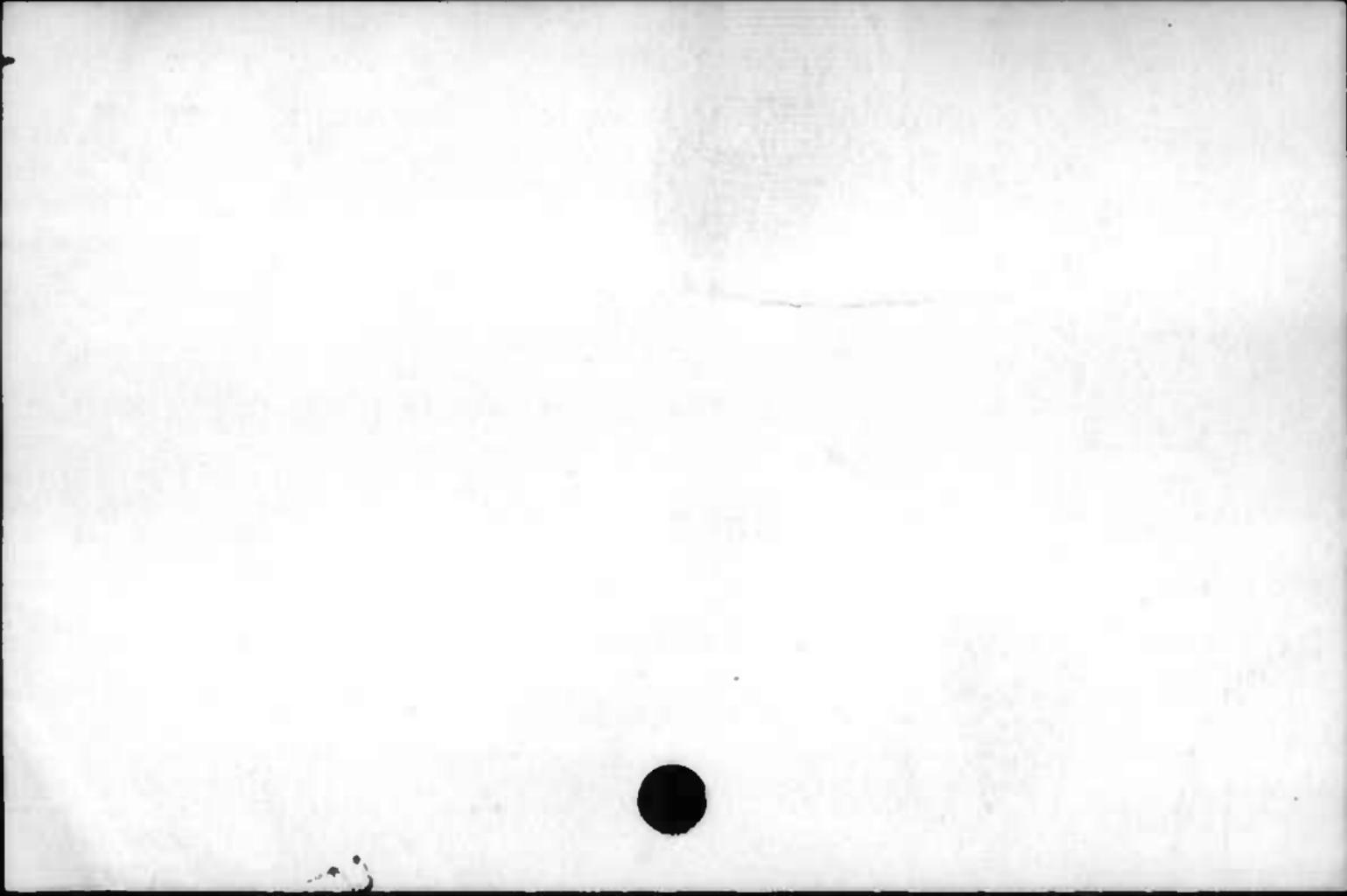
Harriet Burford

CERTIFICATE OF DEATH

Died at	Ardwick	County	Prince Geo	MARYLAND
Date of death	1906 Dec 5	Month	Years	Months
Age	59	Day		Days
Sex	Female	Color or Race	colored	Birthplace
Occupation	Housewife	Where Residing if not place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	James Burford	
Father's Name	Sam Brooks	Father's Birthplace		
Mother's Maiden Name	Nancy Brooks	Mother's Birthplace		
Name of person giving information	James Burford	How related to deceased		

CAUSES OF DEATH

Primary	Deb. Bright's Disease	How long	A week or two
Immediate	Neurritis prostrans	How long	Almost two days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	C. W. Burford
	Approximately	Address	Hyattsville, Md
Accident or Suicide?			



Name
In
Full

Matthew J. Coffrin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Marlboro	D. C.			
Date of death	1906	Month Dec	Day 20	Years 77	Months	Days
Sex	Male	Color or Race	white		Birth-place	Pr. Geo. C. and
Occupation	Carpenter	Where Residing if not at place of death				—
Married, Single or Widowed	Widower	Name of Wife or Husband				—
Father's Name	J. L. Coffrin	Father's Birthplace				A. H.
Mother's Maiden Name	Gifford	Mother's Birthplace				
Name of person giving Information	J. L. Coffrin	How related to deceased				Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valvular disease of heart How long about 2 yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. L. Gifford

Upper Marlboro

Md

Accident or Suicide?

Name
in
Full

McBryan Cole

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white.	Birth-place	Howard Co.
Occupation	Where Residing if not at place of death		at Place of Death		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John J. Cole		Father's Birthplace	Howard Co.	
Mother's Maiden Name	Florence L. Bosley,		Mother's Birthplace	Baltimore	
Name of person giving information	John J. Cole.		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

By phone

①

How long

4 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Breyer
Laurel
Md

Accident or Suicide?



Name
in
Full

Lottie Virginia Conway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Muskirk

County

Pr. Sec.

MARYLAND

Date
of death

1906

Month
12Day
1Years
-Months
10Days
24Sex
FemaleColor or
RaceBirth-
place

Muskirk

Occupation

Child

Where Residing if not
at place of death

Muskirk

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Joseph H. Conway

Father's
Birthplace

Va.

Mother's
Maiden Name

Matilda Brewer

Mother's
Birthplace

Md.

Name of person giving
Information

Joseph H. Conway

How related
to deceased

Father

CAUSES OF DEATH

Primary
Abscess.

How long

1 week

Immediate
Septic infection

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above?

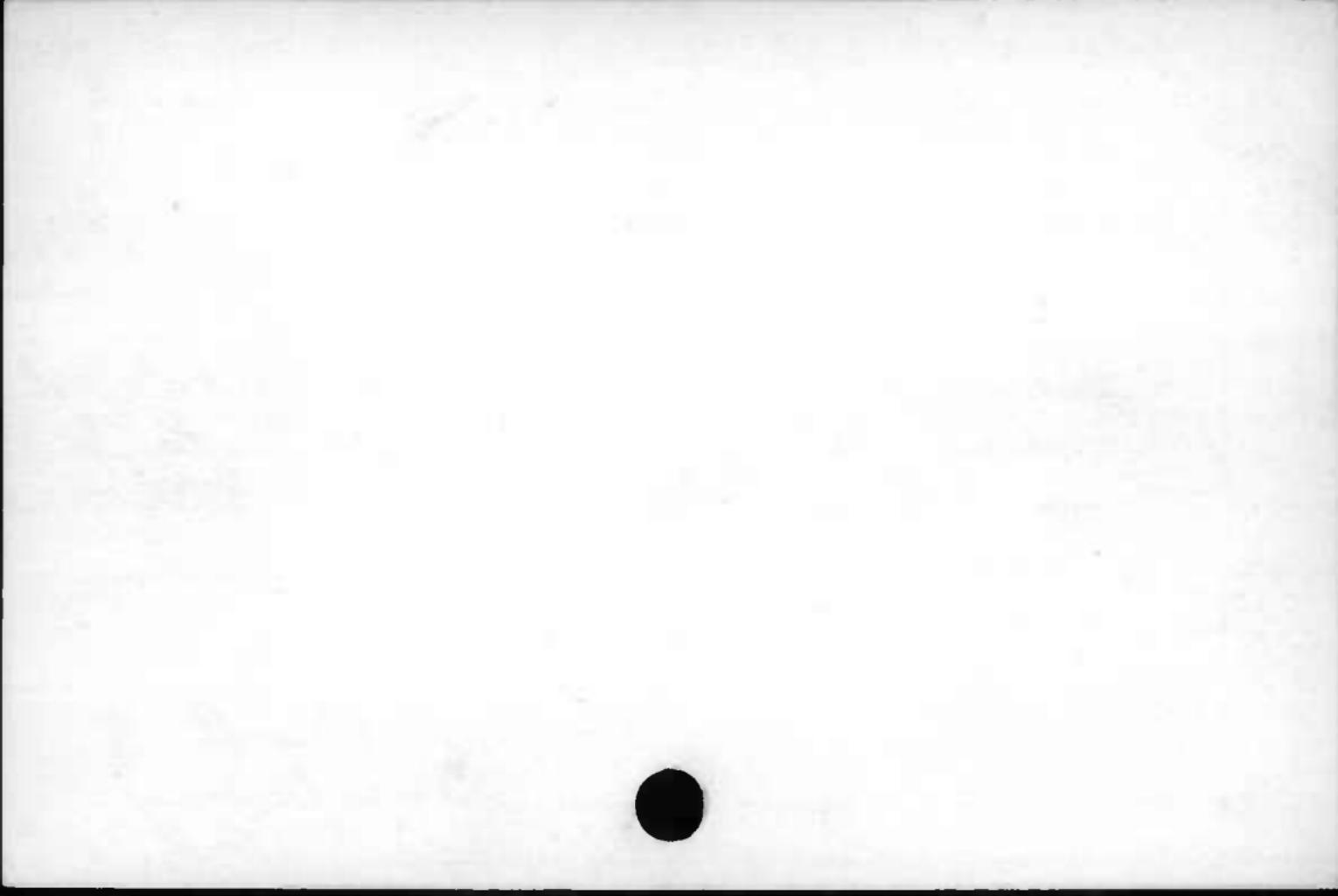
Yes.

Signature of
Physician

Address

J. R. Shantz
LawsonPHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>near Piscataway</u>		Town	<u>Pr. Geo.</u> County	
Date of death <u>1906</u>	Month <u>Dec.</u>	Day <u>3</u>	Age	Years <u>6</u> Months <u>6</u> Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>Coloured</u>	Birthplace <u>Pr. Geo. Co.</u>		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name <u>Lewis Johnson</u>	Father's Birthplace <u>Kent Co., Md.</u>			
Mother's Maiden Name <u>Mary Delany</u>	Mother's Birthplace <u>Pr. Geo. Co.</u>			
Name of person giving Information <u>Mary Delany</u>	How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

13

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

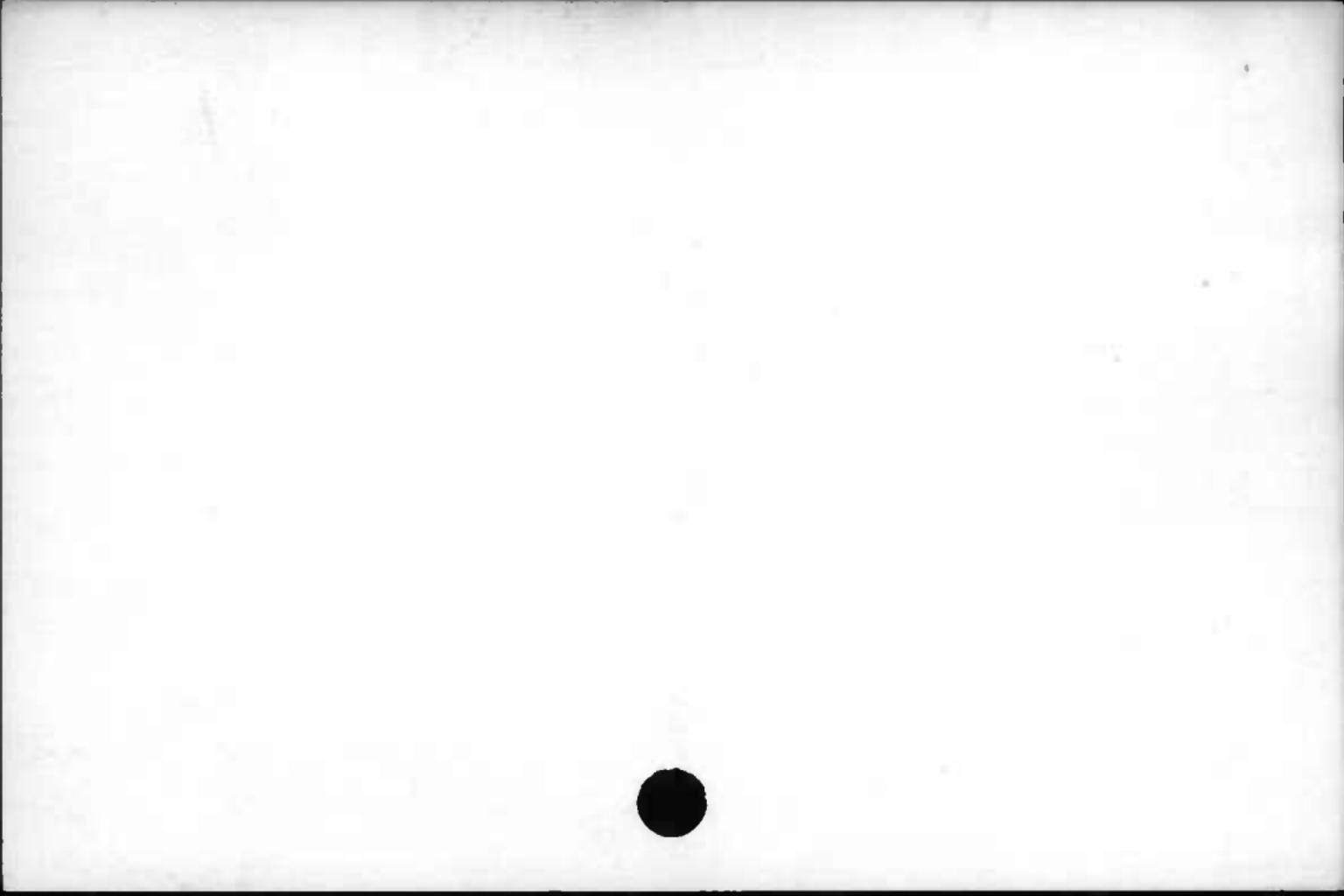
Signature of Physician

Address

E. H. Hunt

Piscataway,
Ind.

Accident or Suicide?



Name
In
Full

Thomas B. Dwyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Iceland	
Father's Name	Thomas Dwyer		Mother's Birthplace	Washington	
Mother's Maiden Name	Mary Dickey		How related to deceased	daughter	
Name of person giving information	Nellie Kullberg				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplexy

64

How long

1 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

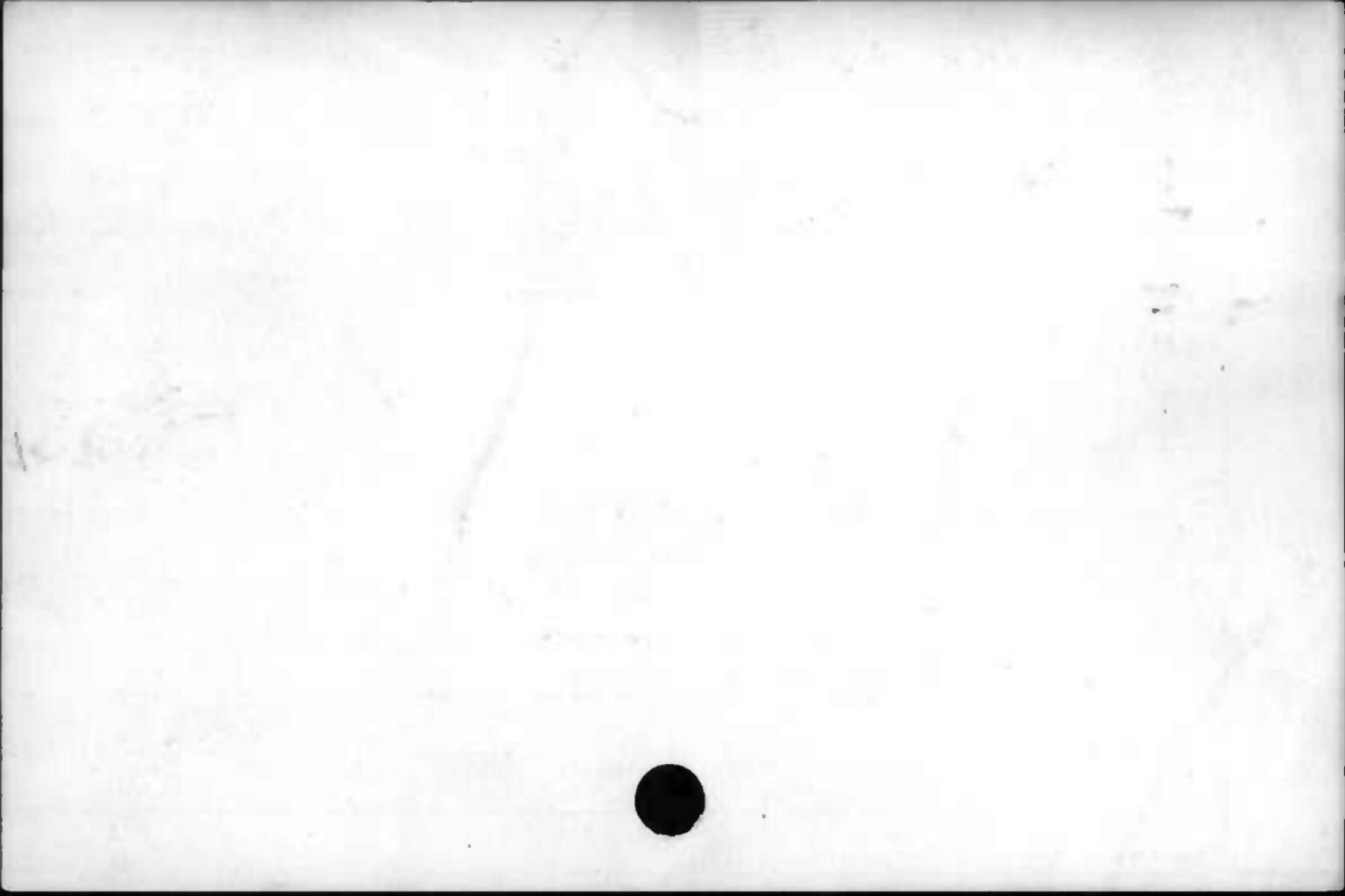
Signature of Physician

Apoplexy

Address

Hyattsville MD

Accident or Suicide?



CERTIFICATE OF DEATH

Died at Town		County		MARYLAND	
Date of death 190	Month Dec.	Day 26 th	Years 28	Month January	Days 25-
Sex Male	Color or Race	White			
Occupation None	Where Residing if not at place of death Laurel				
Married, Single or Widowed Yes	Name of Wife or Husband George E. Ellis	Father's Birthplace Pa			
Father's Name George E. Ellis	Mother's Birthplace Md				
Mother's Maiden Name Sarah E. Ellis	How related to deceased Brother				
Name of person giving Information Norman E. Ellis					

CAUSES OF DEATH

Primary	Epilepsy		How long since admission
Immediate	Exhaustion from repeated convulsions		How long one day
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W.T. Taylor (attending)		
Address Laurel			
Accident or Suicide?			



Name
in
Full

Alice V. Fowler

CERTIFICATE OF DEATH

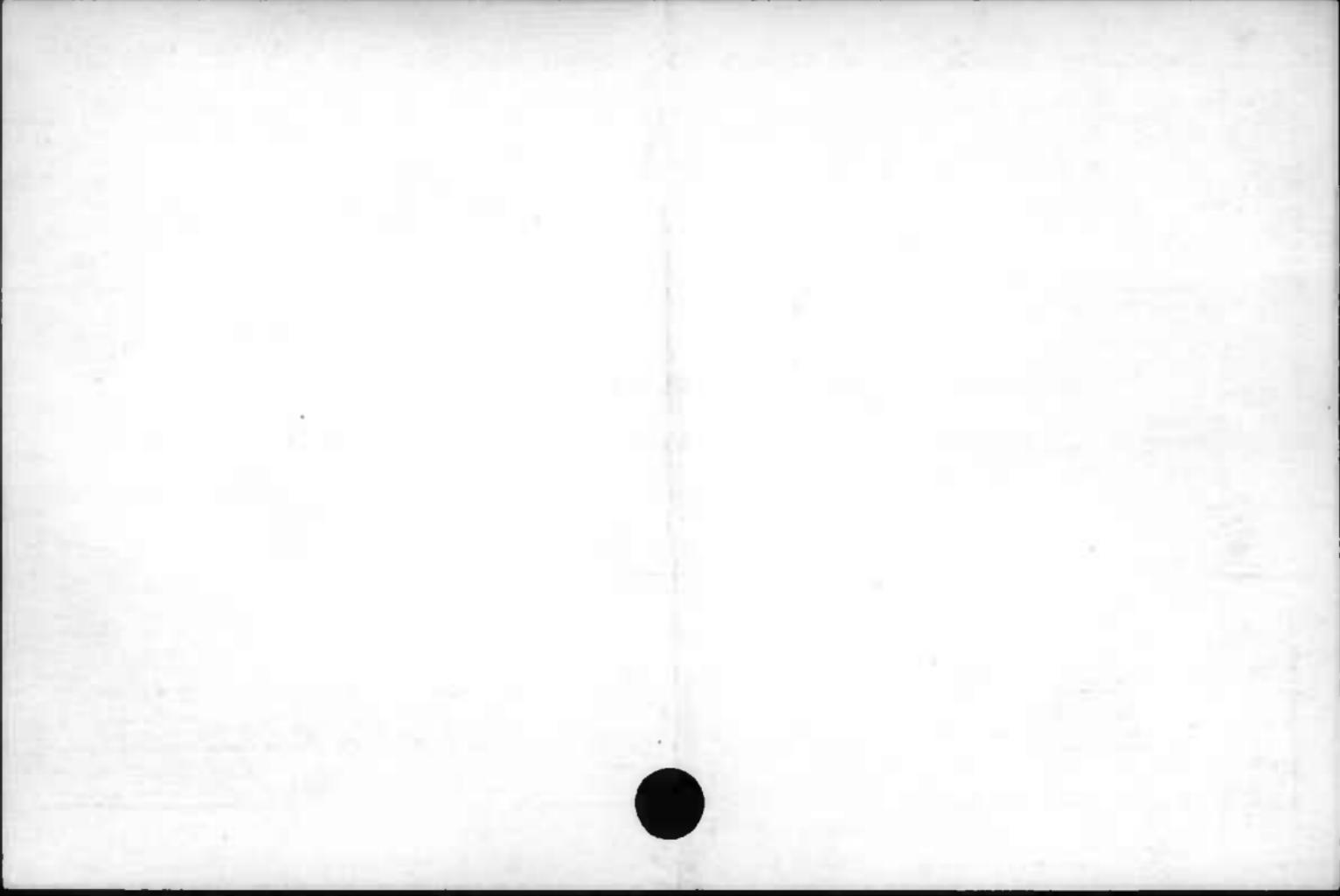
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1906	Month 12	Day 18	Years 48	Months —	Days —
Sex	Color or Race		Fowler white		Birth-place	md
Occupation	Housewife		Where Residing if not at place of death		James V. Fowler	
Married, Single or Widowed	married		Name of Husband	James V. Fowler		
Father's Name	Christopher Stone		Father's Birthplace		Md	
Mother's Maiden Name	Annie Maria Anderson		Mother's Birthplace		Md	
Name of person giving information	Alberta Scott		How related to deceased		Cousin.	

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis		How long	2 yrs
Immediate	Asthenia		How long	2 1/2 yrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John E. Sonnenburg	
yes		Address	Lonaconing Frostville Md.	
A. L. L. C. (Signature)				



Name
in
Full

Lucy Virginia Frye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Forestville</u>		County <u>Prince George</u>	MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>19</u>	Years <u>63.</u>	Months Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>		
Occupation <u>Seamstress</u>	Where Residing if not at place of death			
Married, Single or Widowed <u>Widow</u>	Name of wife or Husband <u>Noah Frye</u>	Father's Name <u>Samuel Taylor</u>	Father's Birthplace <u>Md.</u>	
Mother's Maiden Name <u>Jane Hardy</u>		Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Walter Albert Randall</u>	How related to deceased <u>Son-in-law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart trouble</u>	How long <u>1 hr.</u>
Immediate <u>dead when arrived</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John E. Lansbury Jr.</u>
	Address <u>Forestville, Md.</u>
Accident or Suicide?	



Name
in
Full

Eleanora Bertha Gallagher.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Ft. Washington Pa. Ge.</u>		Town	County	MARYLAND		
Date of death <u>1906</u>	Month <u>12</u>	Day <u>7</u>	Years <u>-</u>	Months <u>11</u>	Days <u>-13</u>	
Sex <u>Female</u>	Color or Race				Birth-place	
Occupation <u>House</u>	Where Residing if not at place of death					
<u>Married, Single or Widowed</u>	Name of Wife or Husband					
Father's Name <u>John Gallagher.</u>	Father's Birthplace <u>Ch. Ge. Co.</u>					
Mother's Maiden Name <u>Grace King</u>	Mother's Birthplace <u>Pa. Ge. Co</u>					
Name of person giving information <u>James Arthur King</u>	How related to deceased <u>Uncle</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis.

(61)

How long

3 weeks

Immediate

Are the name, age, sex, color, etc. and place correctly given above?

Yes

Signature of Physician

Address

E. J. Hunt, M.D.
Esq. Gallagher.
1, Geo. C. Md.

Accident or Suicide?

JIN BAI
H. Washi

Name
in
Full

Robert Gray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Brandywine

Dele

MARYLAND

Date
of death

1906 Dec. 14

Month

Day

Years

Age

75-

Months

5-

Days

Sex

Color or
Race

Birth-
place

Male

Colored

Md.

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Samuel Gray

Father's
Birthplace

P. B. lo. Md.

Mother's
Maiden Name

Matilda Maffett

Mother's
Birthplace

P. B. lo. 4

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Arasarea & heart -

How long

12 mos

Immediate

disease

How long

Are the name, age, sex, color, date
and place correctly given above?

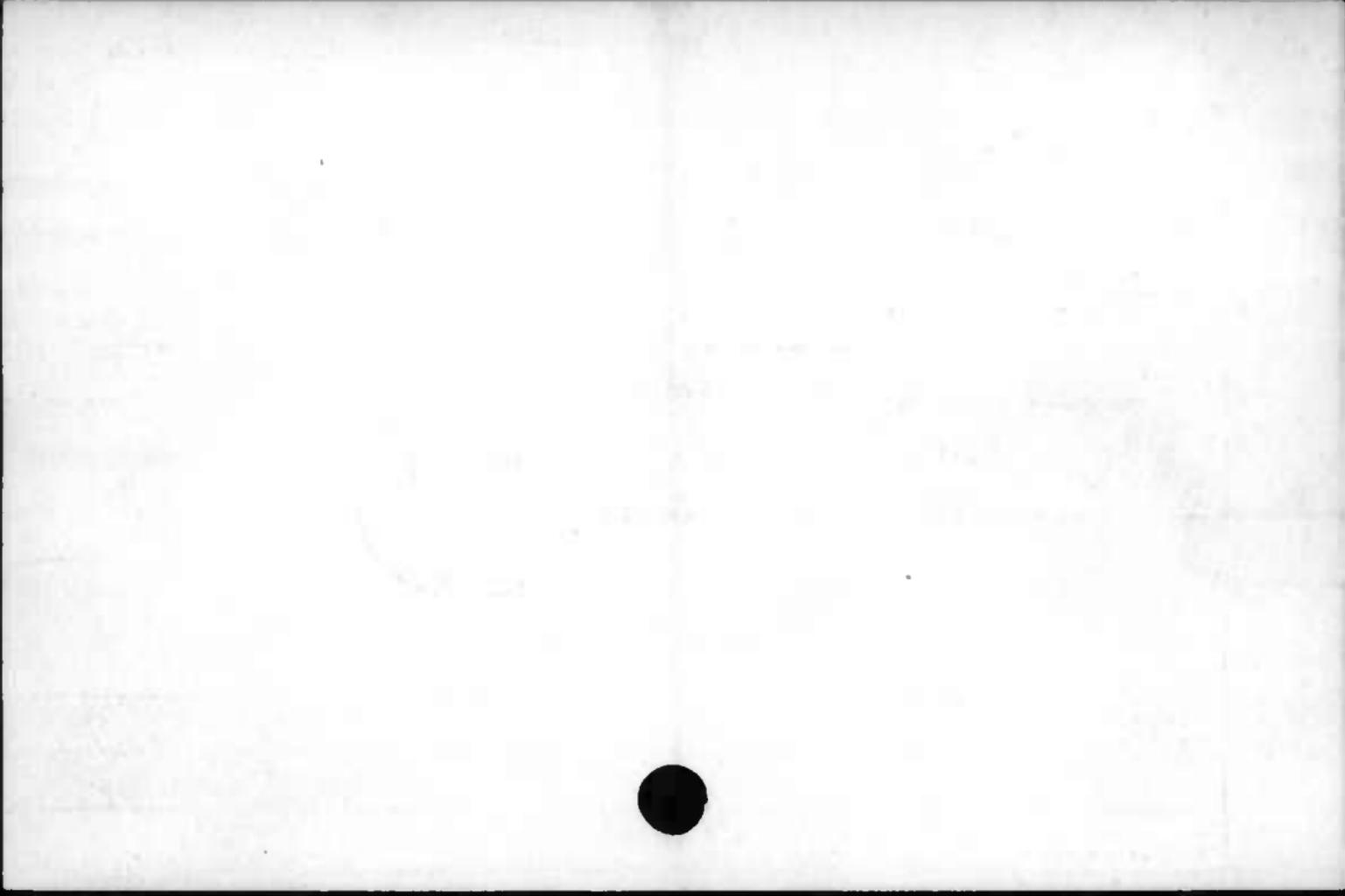
Signature of
Physician

Address

J. R. Latimer M.D.
Dame P.O. Md.

Copied in ink

Accident or Suicide?



Name
in
Full

Laura. Green

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	- MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Wife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Walter Green.		
Father's Name	Mr. Givett		Father's Birthplace		
Mother's Maiden Name	Mary Chambers		Mother's Birthplace		
Name of person giving Information	Charles Trauser		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intestinal obstruction

How long

6 days.

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

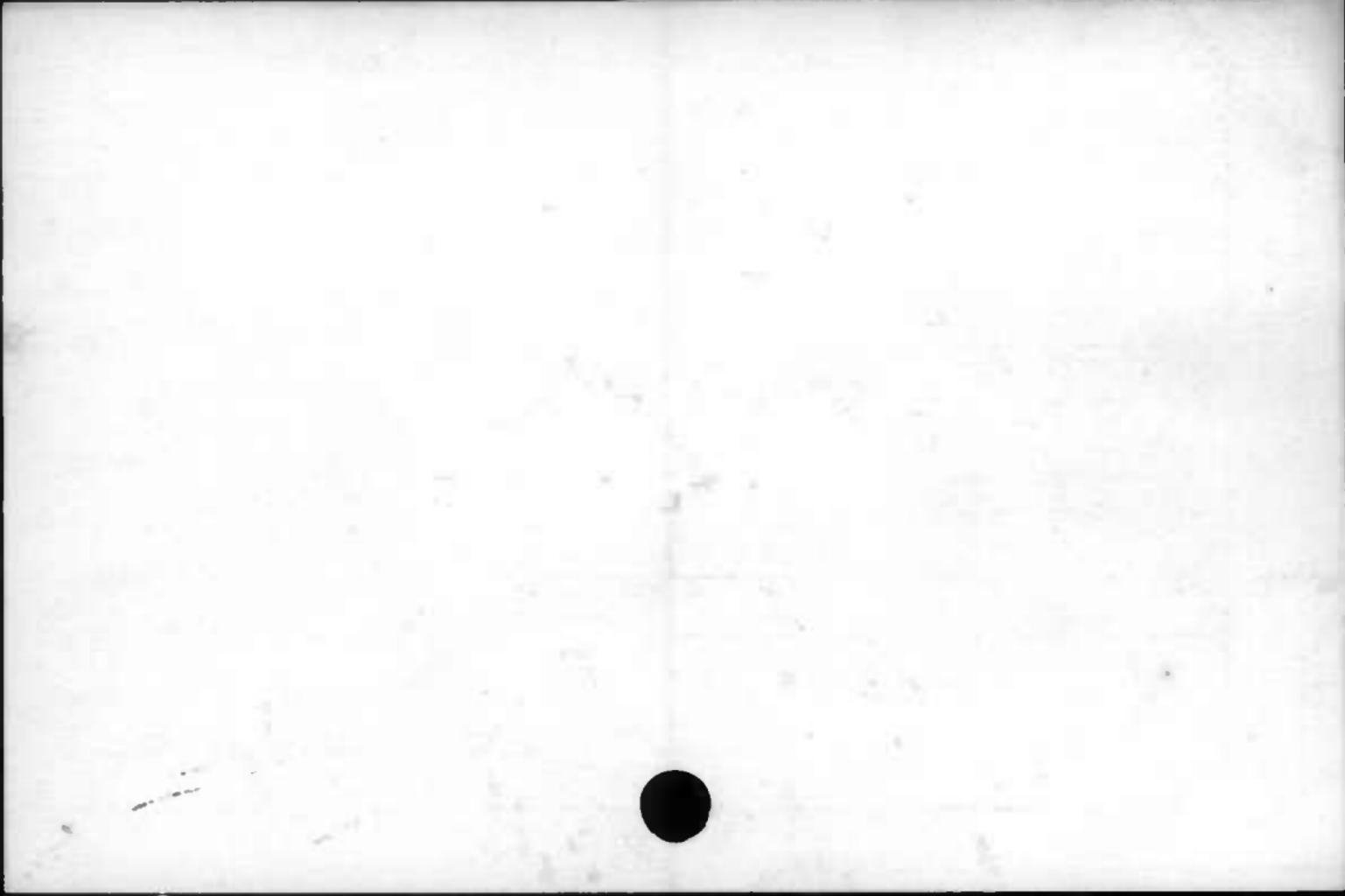
yes

Signature of
Physician

Address

J. N. Ryer
Sanford, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Emily Haiger

Town

County

Died at

P.G.

MARYLAND

Date
of death

1906

Month

Dec

Day

17

Age

Years

44

Months

—

Days

—

Sex

Female

Color or
Race

Black

Birth-
place

P.G. Co. Md

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

William

Helet

Father's
Name

Henry Haiger

Father's
Birthplace

Mother's
Maiden Name

Virginia Haiger

Mother's
Birthplace

Name of person giving
Information

George Jones

How related
to deceased

Niece

CAUSES OF DEATH

38

PHYSICIAN
OR CORONER

Primary

Nephritis

How long

Immediate

Pneumoperitoneum

How long

4 hrs

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

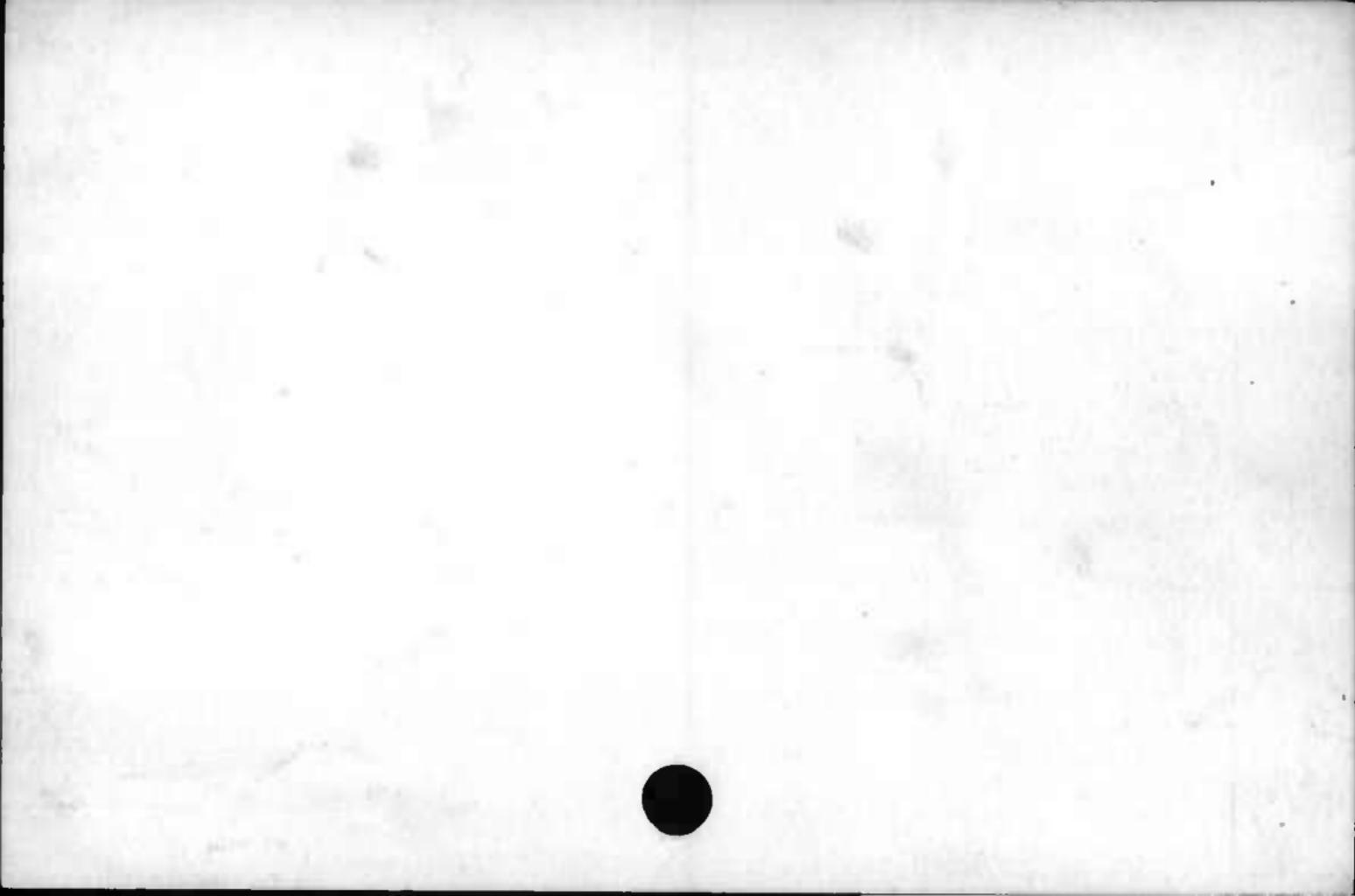
John Duvall M.D.

Yes
No

Address

Grayfield
Md.

Accident or Suicide?



Name
in
Full

Harriet Ella Harley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Townsend</u>		Town	<u>P. G. Co.</u>	County	MARYLAND	
Date of death <u>1906</u>	Month <u>12</u>	Day <u>26</u>	Years <u>44</u>	Age <u>44</u>	Months	Days
Sex <u>female</u>	Color or Race <u>colored</u>			Birth-place <u>Ind</u>		
Occupation <u>housewife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry Harley</u>					
Father's Name <u>Jemima Proctor</u>				Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Elizabeth Proctor</u>				Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Gov. Harley</u>				How related to deceased <u>Son</u>		

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long Several years

Immediate Asthma How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

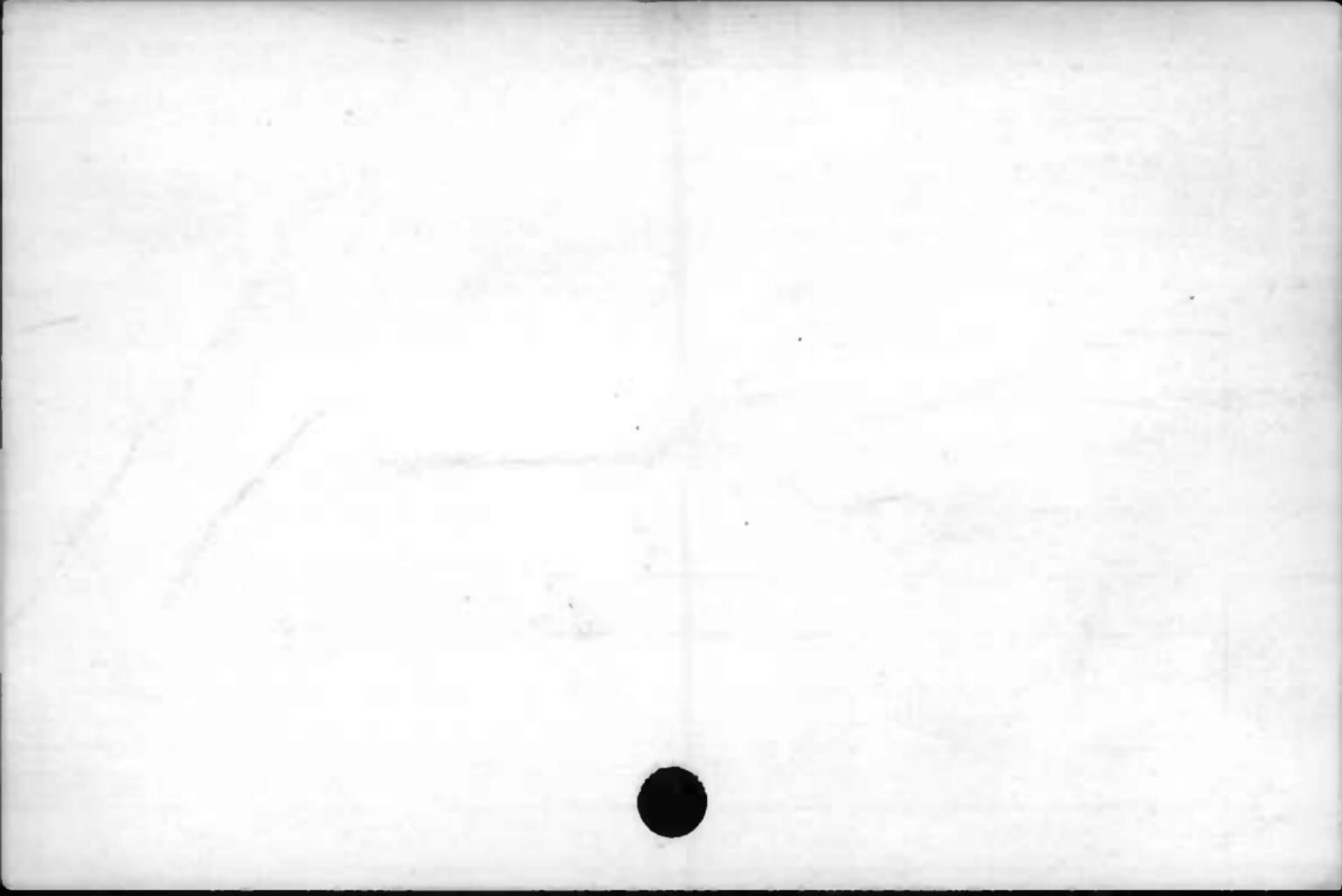
John A. Cox

Address

23.

Accident or Suicide?

Ind



Name
in
Full

Nancy Hawkins

CERTIFICATE OF DEATH

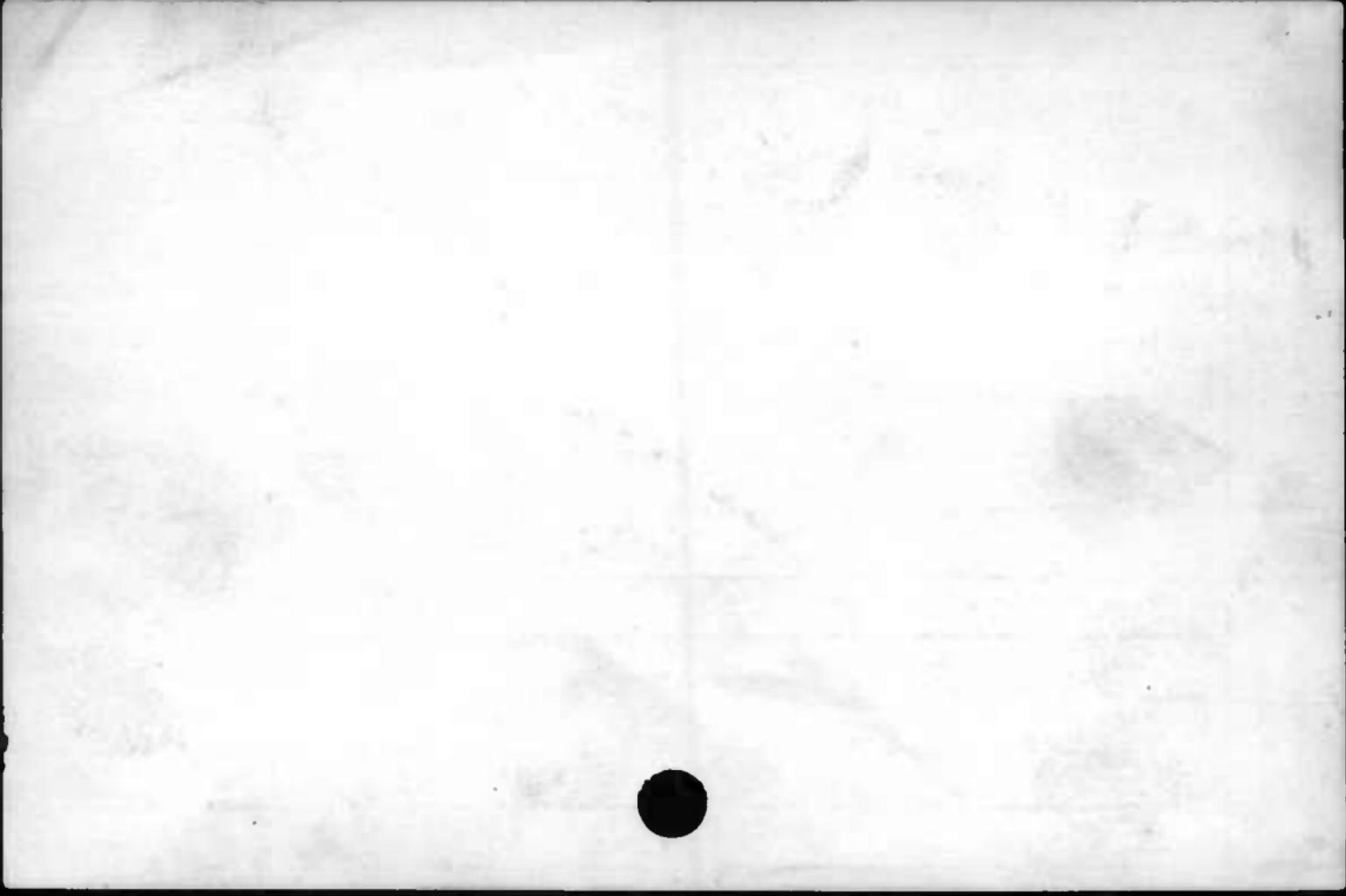
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Glenndale</u> Town		County <u>Prince George Is.</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>December</u>	Day <u>6</u>	Years <u>65</u>	Months	Days
Sex <u>woman</u>	Color or Race <u>colored</u>	Birth-place <u>Lanceh</u>			
Occupation <u>house wife</u>	Where Residing if not at place of death <u>Benna Vista</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Nancy Hawkins</u>		Father's Birthplace <u>Maryland</u>		
Father's Name <u>Charles Guy</u>			Mother's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Mrs Foslip</u>			How related to deceased <u>Daughter law</u>		
Name of person giving information <u>Elizabeth Hawkins</u>					
CAUSES OF DEATH					
Primary <u>Pt thisis Pulman abx</u>			(21)	Don't know	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		

Accident or Suicide?

Now in Atticsana
John E. Sonsbury & Co.
Undertaker Frank Hood



Name
in
Full

Henson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1906	12	12	—	—	—	2
Sex	Color or Race		Birth-place			
Occupation	Colored		Md.			
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death			
Father's Name	Harrison Henson		Father's Birthplace			
Mother's Maiden Name	Mary Smallwood		Md.			
Name of person giving information	John Smallwood		Mother's Birthplace			
			How related to deceased			
			Grandfather			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary — How long —

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

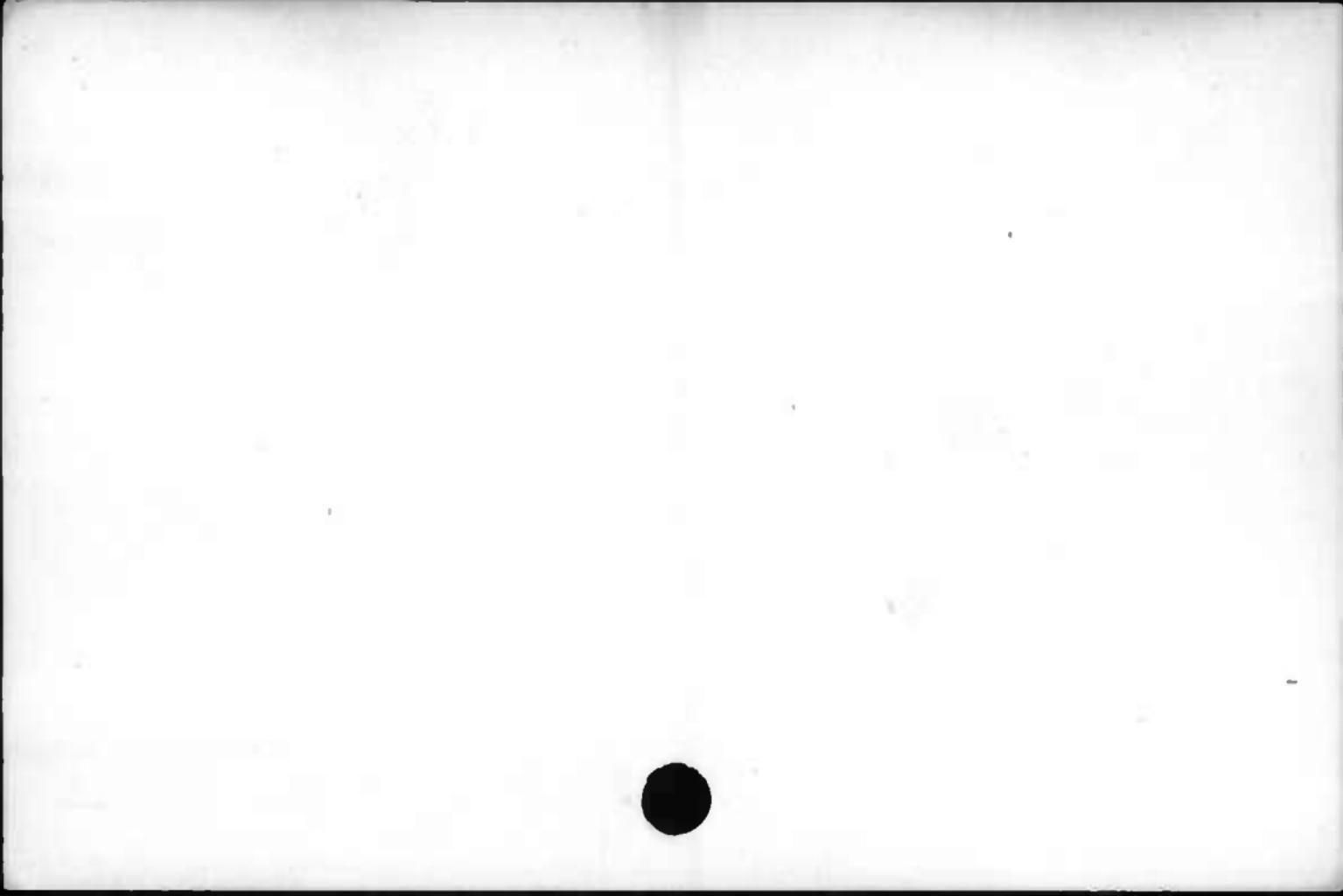
yes

Signature of Physician

Address

E. Simpson M.D.
Rosedale Md.

Accident or Suicide?



Name
in
Full

Loretta Hepburn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Near Landover Prince George			County	MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Dec.	13 th	6	11		
Sex	Female	Color or Race	Colored.	Birth-place	Prince George Co.	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Charles Hepburn (deceased.)					Father's Birthplace
Mother's Maiden Name	Catherine Jackson					Mother's Birthplace
Name of person giving Information	Mrs. Hepburn					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Lobar Pneumonia

93

How long

About 10 days.

Immediate

Cardiac failure

How long

About 24 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes.

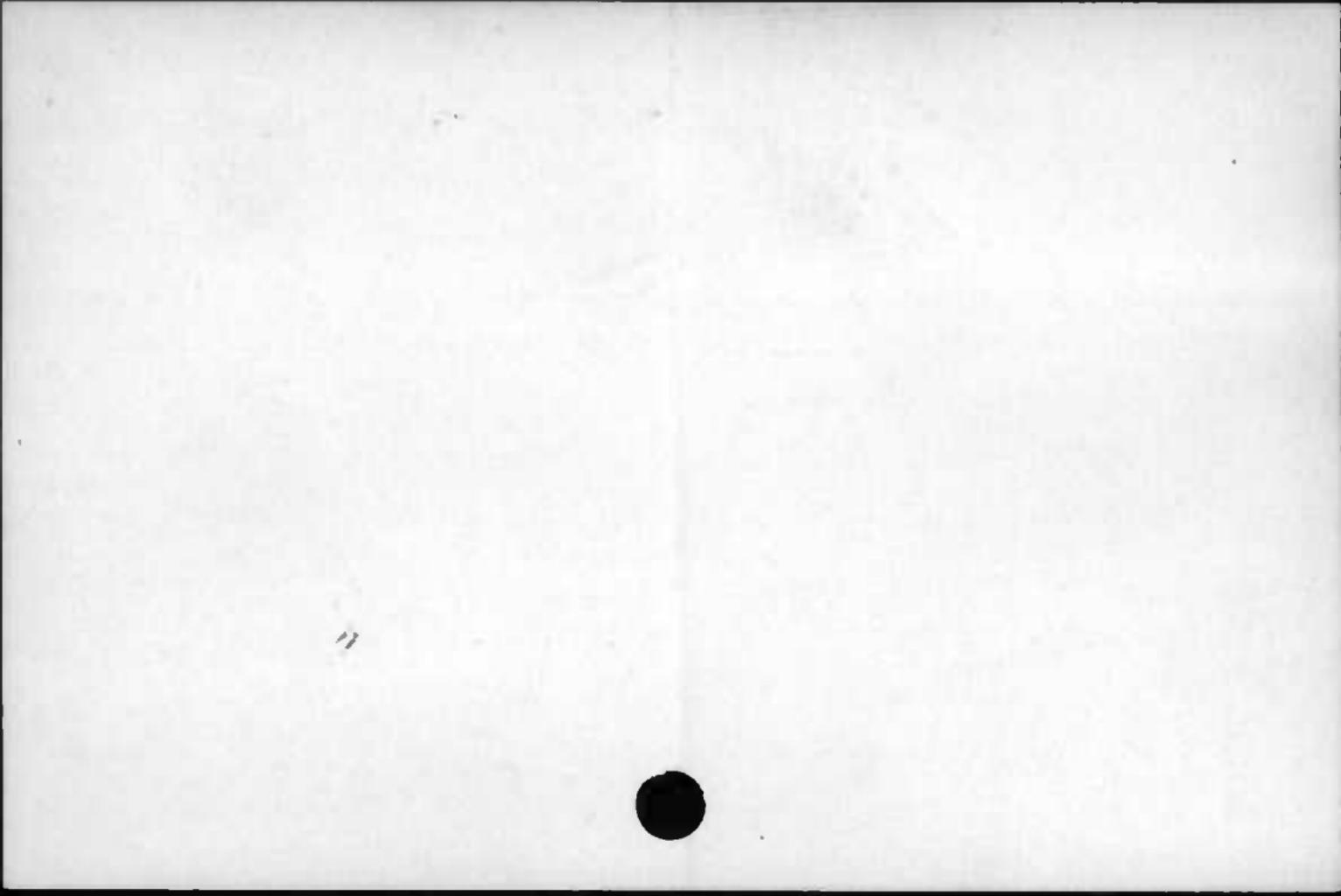
Signature of Physician

Address

R.A. Schoonover, M.D.

203 Anacostia Av
Benning, D.C.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomas Herbert

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	Dec	29	59	-	-	
Sex	Male	Color or Race	Colored	Birth-place	Md.	
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Frank Herbert					
Mother's Maiden Name	Doris Kraw					
Name of person giving information	Augustus Herbert					

CAUSES OF DEATH

Primary Catarhal Pneumonia

How long

92 9 months

Immediate Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

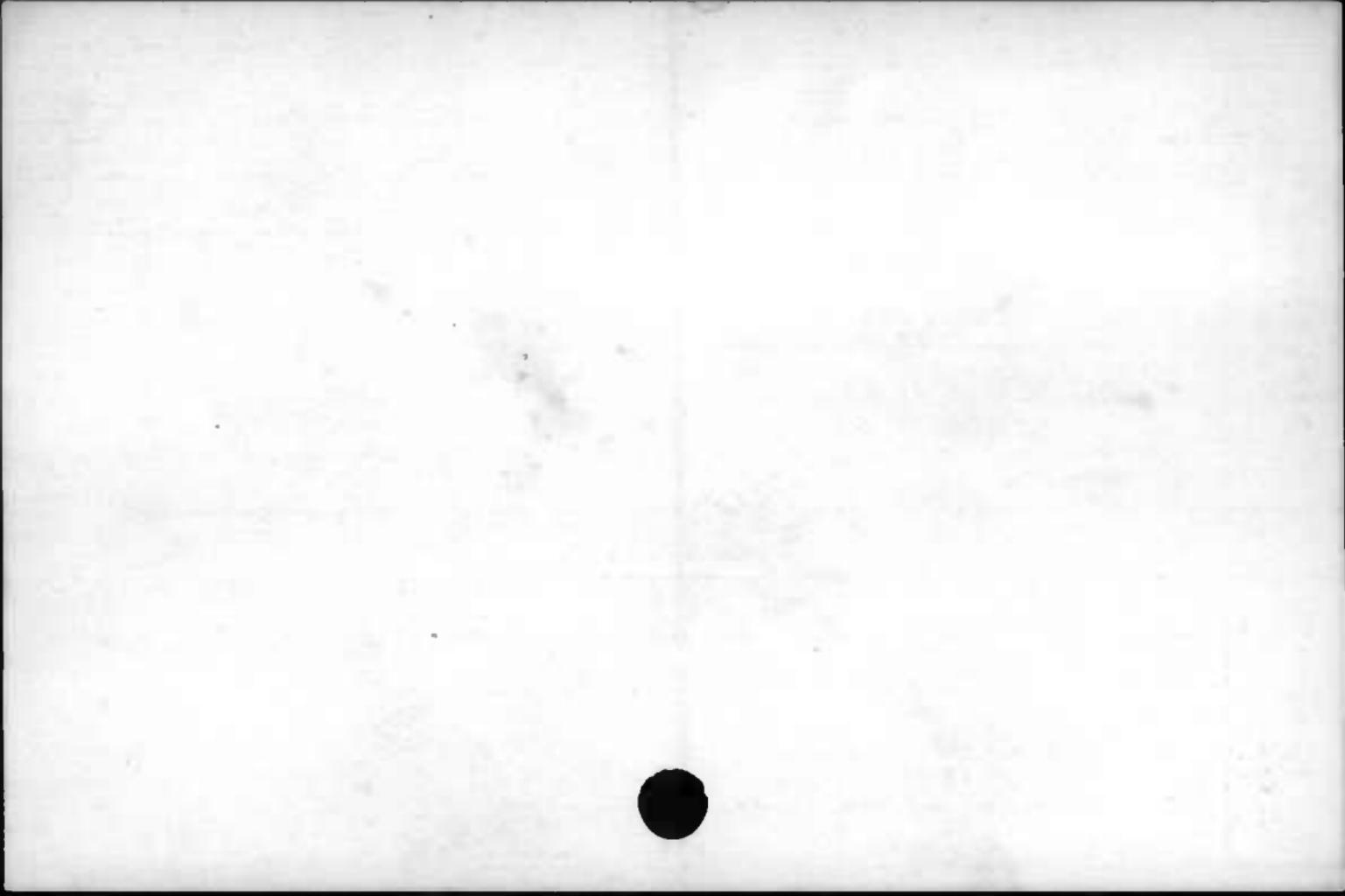
Signature of Physician

Address

John Duvall M.D.
Springfield Ind.

Accident or Suicide?

No.



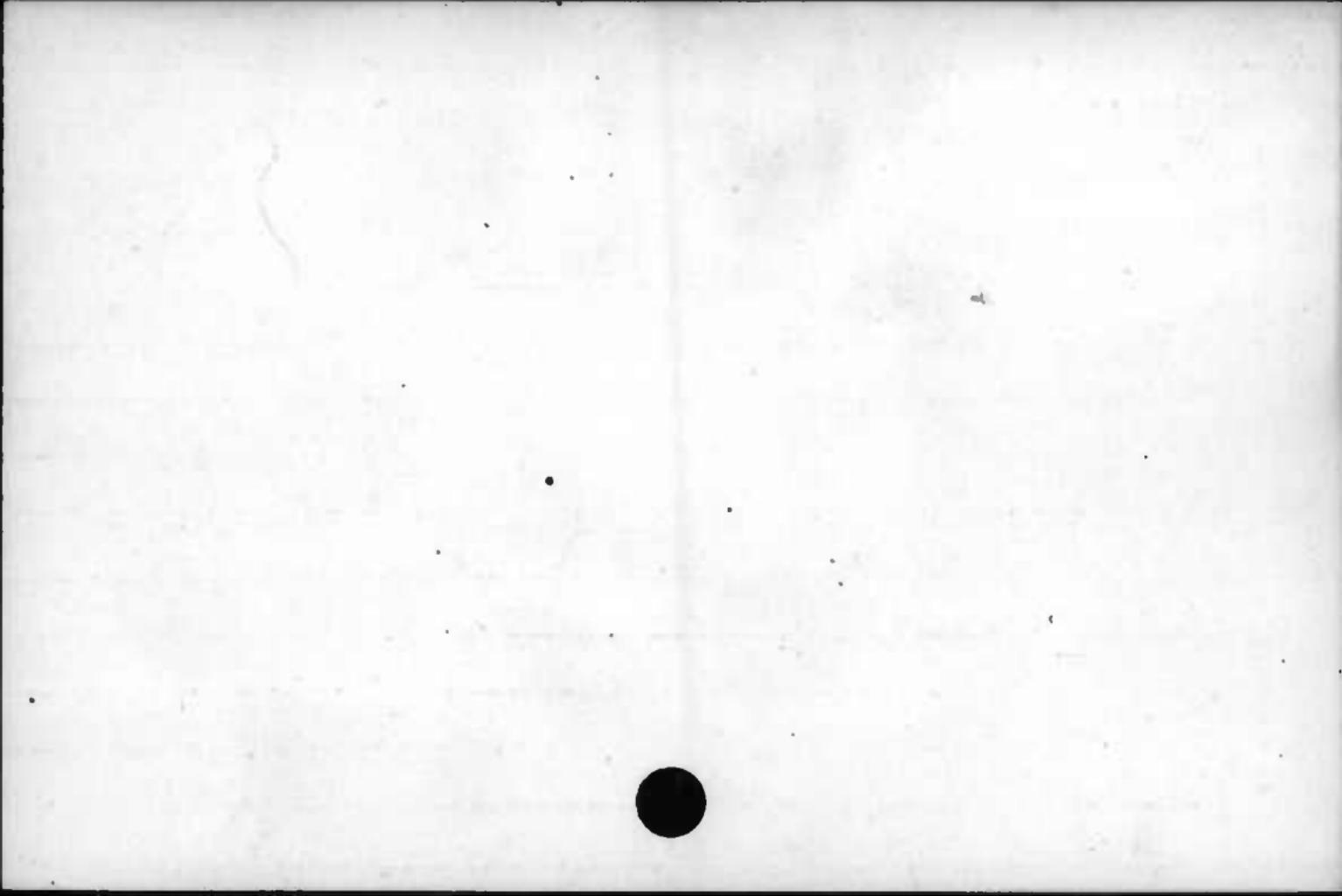
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place		
Occupation	Where Residing if not at place of death					—
Married, Single or Widowed	Single	Name of Wife or Husband	—			
Father's Name	Als not know					Father's Birthplace
Mother's Maiden Name	Als not know					Mother's Birthplace
Name of person giving Information	L. V. Allen (69)					How related to deceased
CAUSES OF DEATH						
Primary	Epileptic Convulsions					How long
Immediate						How long
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	Harris Valley M.D.		
			Address	Mt Rainier Md		
Accident or Suicide?						



Name
in
Full

Mary B. Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	— Daniel Holmes			
Father's Name	Unknown			Father's Birthplace	—
Mother's Maiden Name	— 41			Mother's Birthplace	—
Name of person giving information	Samuel Collins			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

9 mo

Immediate

Degeneration of Nervous System

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

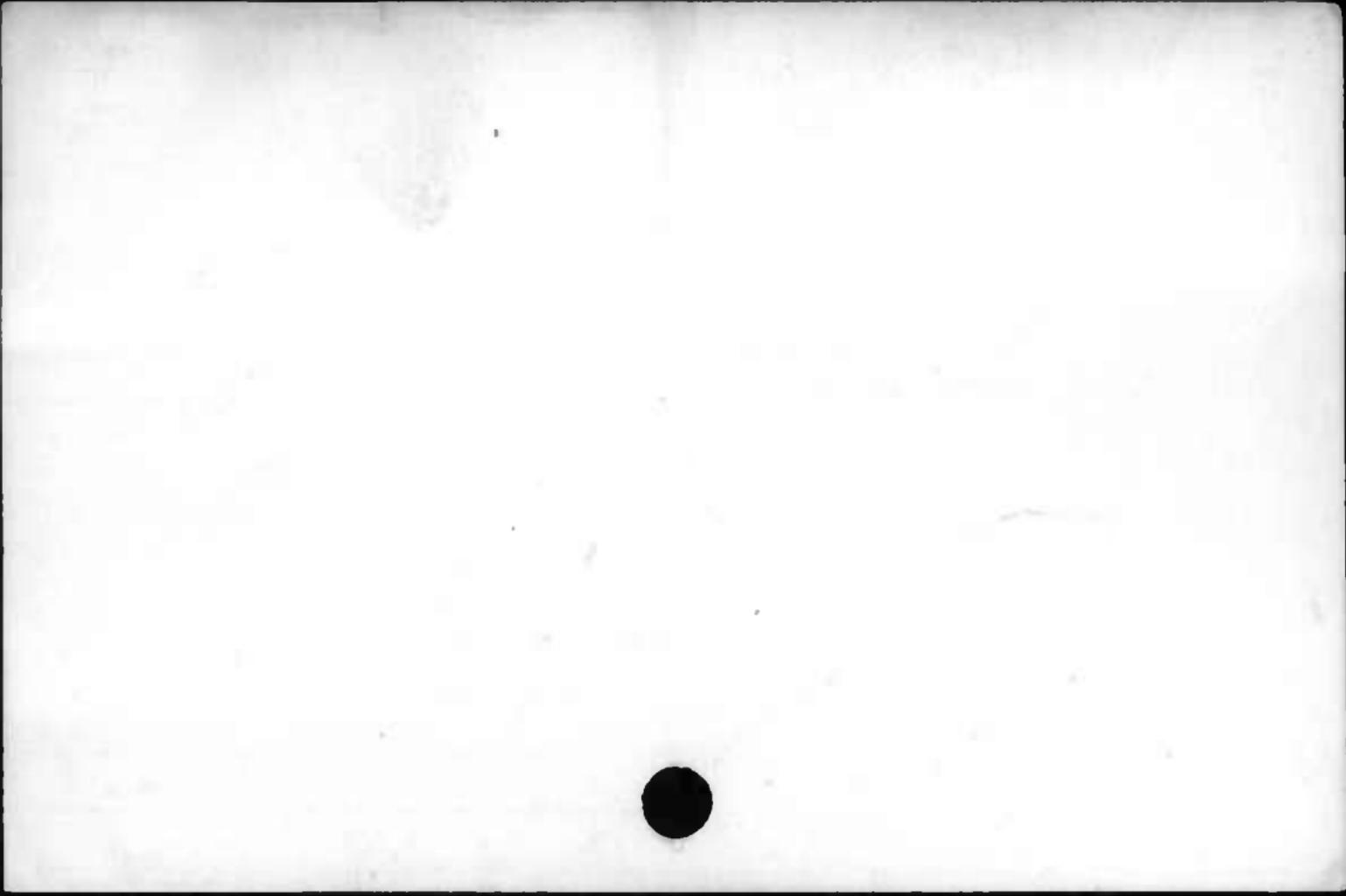
Signature of Physician

Address

E.P. Simpson M.D.

Accident or Suicide?

ROSE CROFT,
PR. GEO. CO. MD.
DEPARTMENT OF PUBLIC WELFARE



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Julia C. Hope

CERTIFICATE OF DEATH

Died at <u>Laurel</u>		Town	County <u>Prince George</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec.</u>	Day <u>19</u>	Years <u>63</u>	Age <u>63</u>	Months <u>4</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Cincinnati Ohio</u>		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Robert E. Hope</u>			Father's Name <u>Robert E. Hope</u>	Father's Birthplace <u>Boston</u>	
Mother's Maiden Name <u>Nancy Colbourn</u>				Mother's Name <u>Nancy Colbourn</u>	Mother's Birthplace <u>Dorchester Mass</u>	
Name of person giving information <u>Robert H. Williams</u>				How related to deceased <u>Nephew</u>		

CAUSES OF DEATH

Primary

Progressive Dementia

How long

2 yrs

Immediate

Pyelo-Nephritis

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Jesse Coggins
Laurel Md

Address

Accident or Suicide?

Fisher & Phair

Name
in
Full

James Thomas Hunter

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>near Blacksburg</u>		County <u>Prince George</u>		MARYLAND			
Date of death <u>1906</u>	Month <u>Dec.</u>	Day <u>13rd</u>	Age <u>51</u>	Years	Months <u>1</u>	Days <u>27</u>	
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>D.C.</u>			
Occupation <u>Shoemaker</u>	Where Residing if not at place of death <u>Washington, D.C.</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband						
Father's Name <u>James W. Hunter</u>			Father's Birthplace <u>Georgetown, D.C.</u>				
Mother's Maiden Name <u>Ann</u>			Mother's Birthplace <u>D.C.</u>				
Name of person giving Information <u>Mabel M. Gardiner</u>			How related to deceased <u>Sister</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

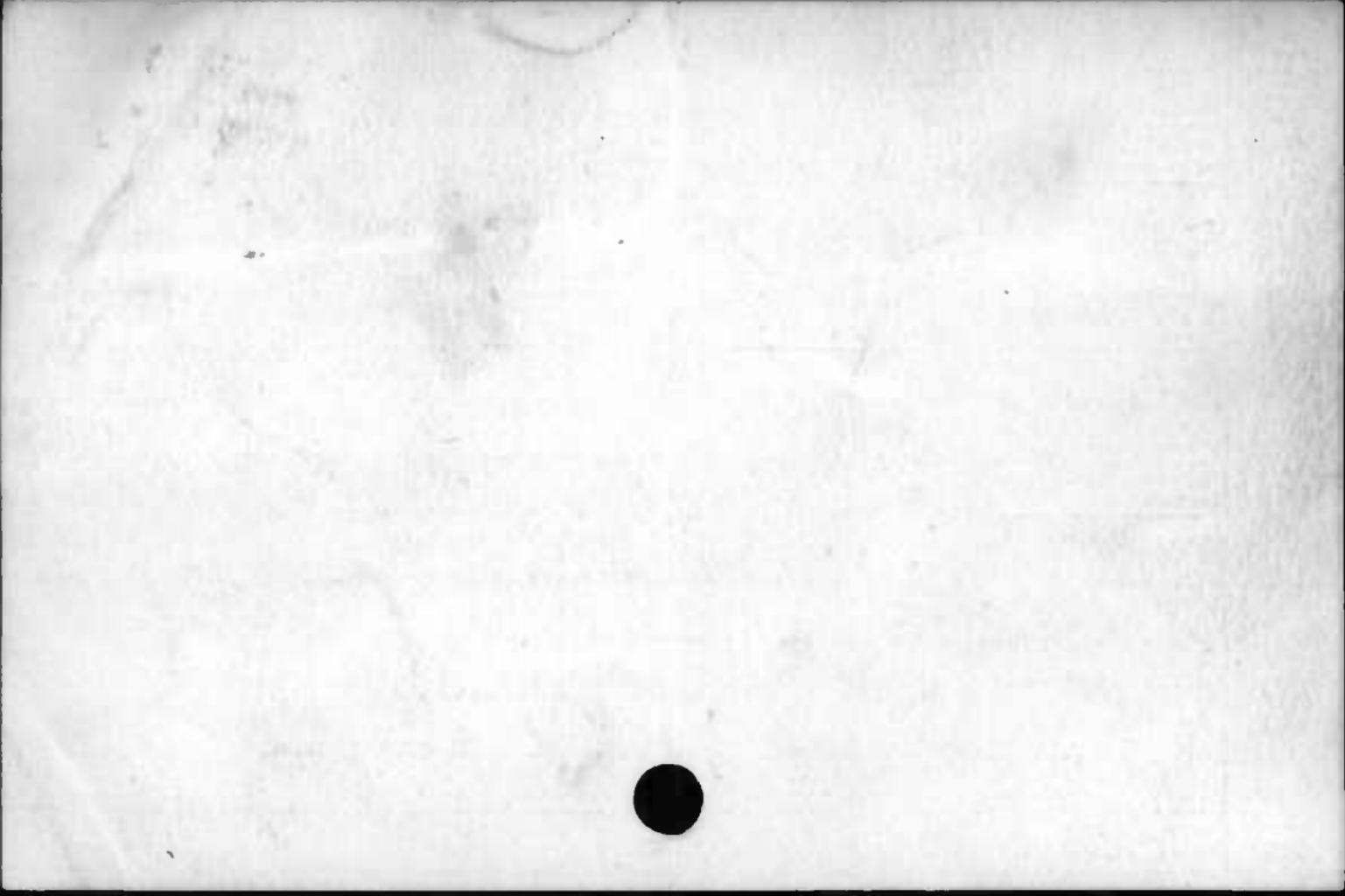
Yes

Signature of Physician

Address

Augustus H. Dahler
acting Coroner
Blacksburg, Va.

Accident or Suicide?



Name
in
Full

John St. Johnson -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died near Leeland	County Prince Georges Co.		MARYLAND		
Date of death 1906	Month 12	Day 30	Years Age 92	Months 6	Days —
Sex Male	Color or Race	white	Birth- place	Maryland?	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth E. Johnson.		
Father's Name	Andrew Johnson		Father's Birthplace	Maryland?	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	John L. Wilson		How related to deceased	Grandson	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
old age

154

How long
about 3 mos.

Immediate
Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

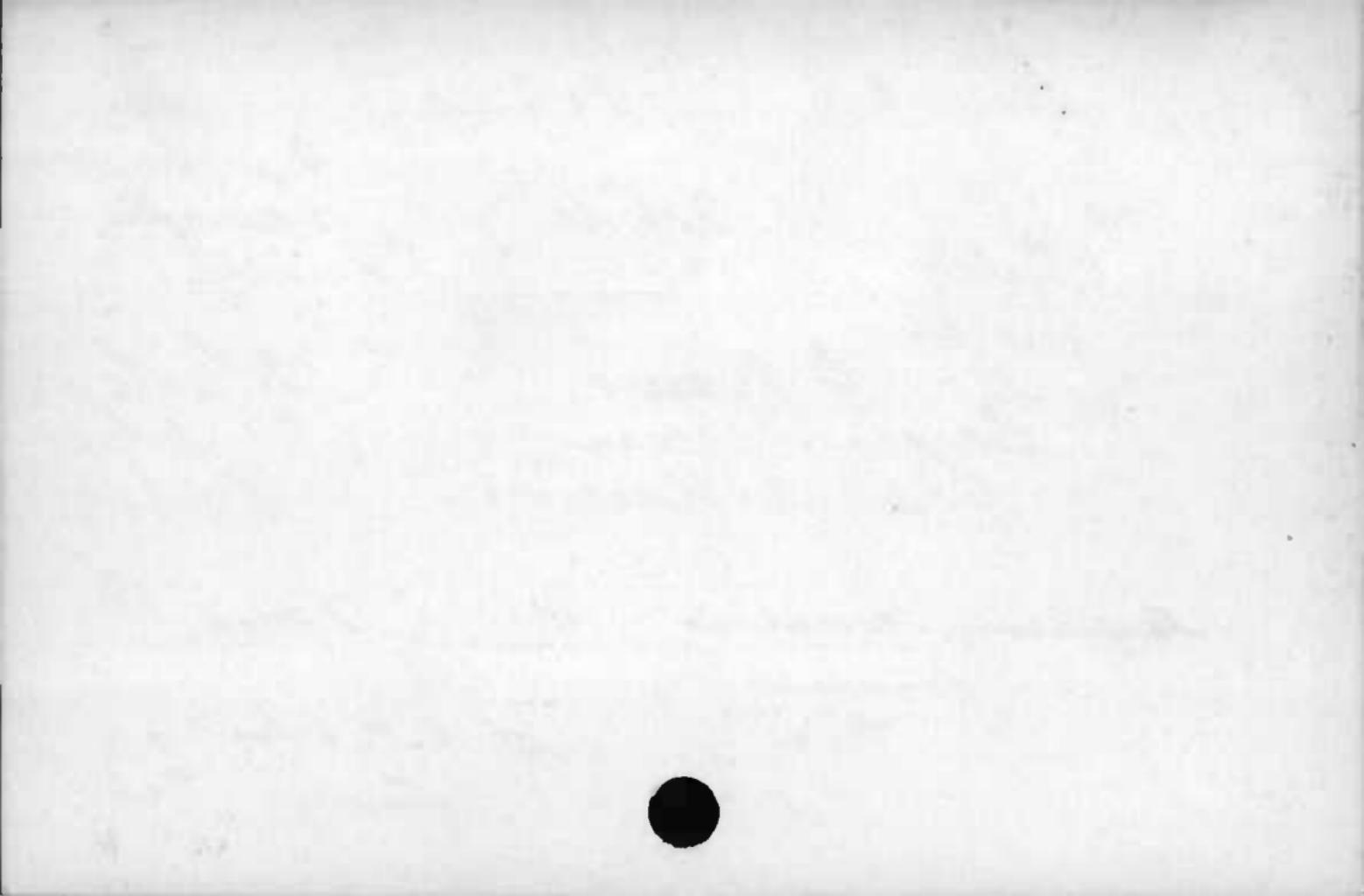
Yes

Signature of
Physician

Marion D. Humes, M.D.
Upper Marlboro.

Accident or Suicide?

md.



Name
in
Full

Roland Franklin Kaiser

CERTIFICATE OF DEATH

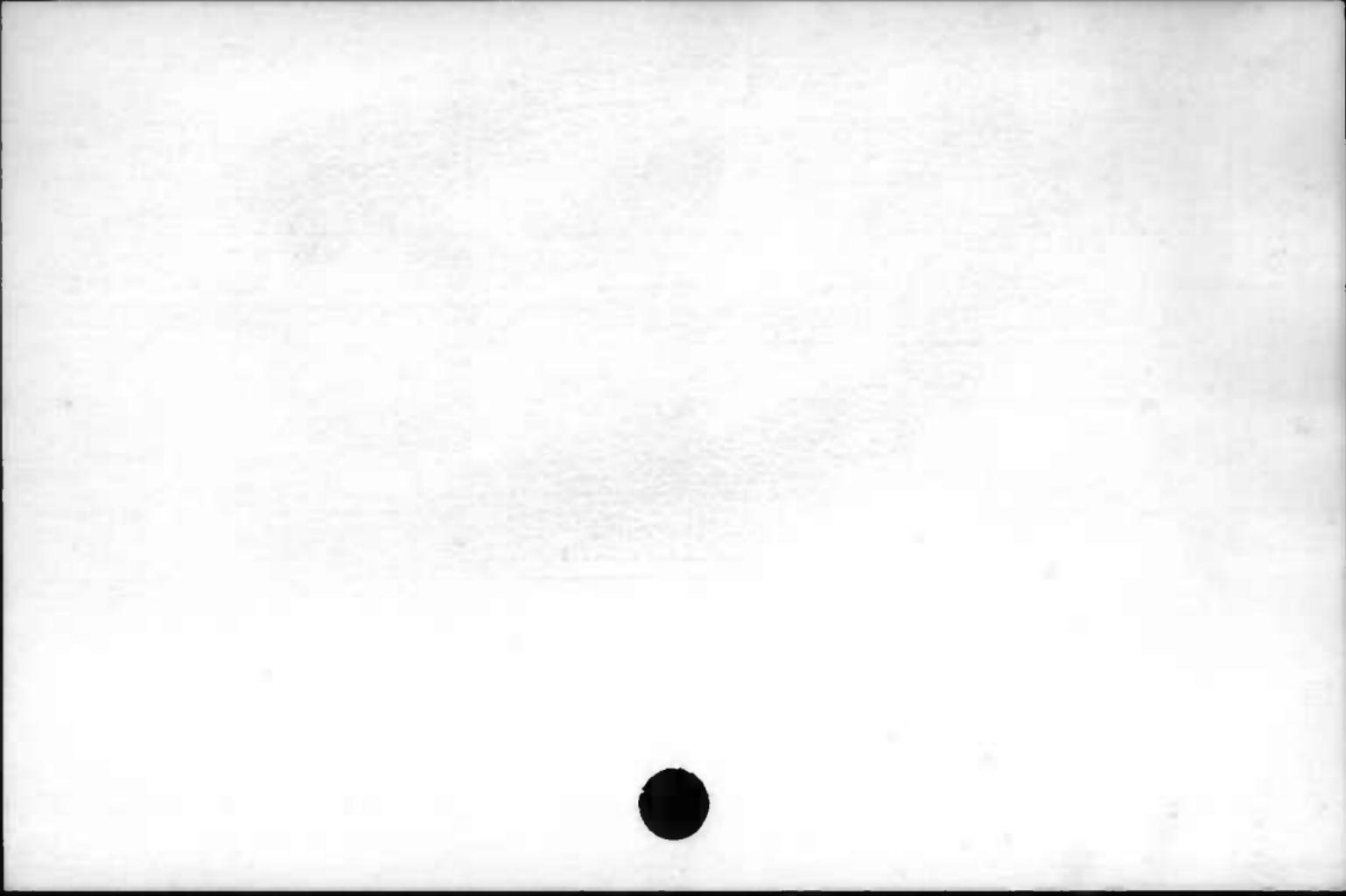
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Laurel	County Ortley	MARYLAND		
Date of death	Month 1906 12	Day 18	Age	Years	Months 8
Sex	Male	Color or Race White	Birth- place Laurel	Days	
Occupation	Child	Where Residing if not at place of death Laurel			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Charles. C. Kaiser			Father's Birthplace	Ortley
Mother's Maiden Name	Sarah Green			Mother's Birthplace	Mont. Co.
Name of person giving Information	Charles. C. Kaiser			How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Leptilicory Bronchitis	90	How long 1 mth.
Immediate Asthma		How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician Dr. R. C. Stanley
		Address Laurel, Md
Accident or Suicide?		



Name
in
Full

Mrs Mary Kierman

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

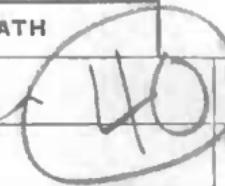
Diad et Berswyn	Town	County Dover George	MARYLAND		
Date of death 1906	Month Dec	Day 18	Age 56	Years	Months
Sex Female	Color or Race White	Birth- place Germany	Days		
Occupation Housewife	Where Residing if not at place of death Near Berswyn				
Married, Single or Widowed	Name of Wife or Husband Mary Kierney	Father's Name John Kierneil	Father's Birthplace Germany		
Mother's Maiden Name Doubt know	Mother's Birthplace Germany	Name of person giving Information Vincen Kierman	How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer Stomach



How long

Four months

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date
and place correctly given above?

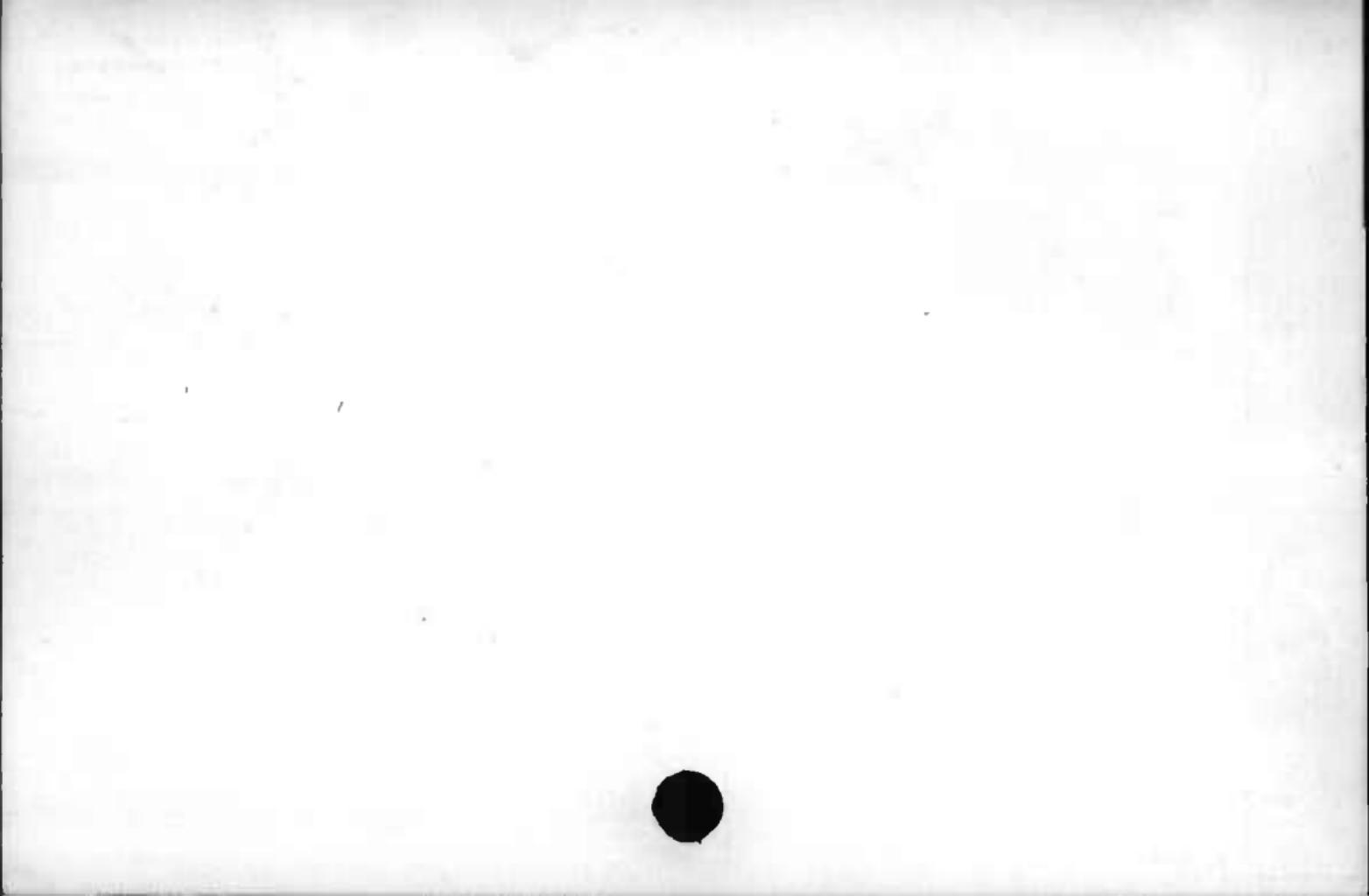
Yes

Signature of
Physician

Address

6 A. 7" 1906
Bellview Med

Accident or Suicide?



Name
in
Full

Howard Larcombe

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	white	Birth-place	New Jersey
Occupation	clerk	Where Residing if not at place of death			
Married, Single or Widower	Widower	Name of Wife or Husband	Elizabeth P. Larcombe		
Father's Name	Thomas Larcombe	Father's Birthplace	Phila Pa.		
Mother's Maiden Name	Anna Smith	Mother's Birthplace	Phila Pa.		
Name of person giving information	Mary J. L. Higgins	How related to deceased	Daughter		

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

9 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

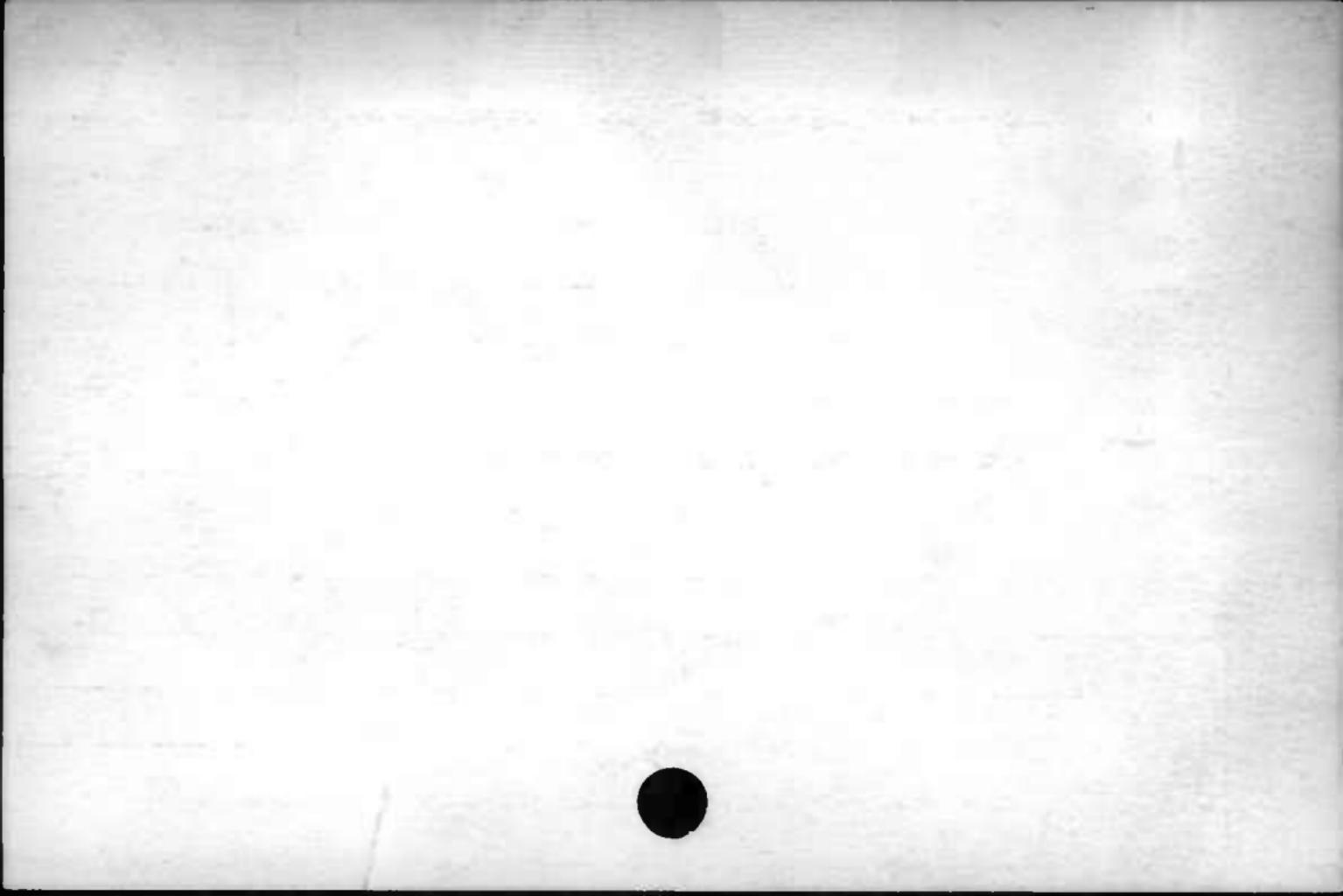
A. O. Etienne

Address

Decoye Rd.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
In
Full

Charles A Manning

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month Day	Years	Months	Days	
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mollie Lynch			
Father's Name	Dont Know			Dont Know	
Mother's Maiden Name	Dont Know			Dont Know	
Name of person giving information	Mollie Manning			wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accident - Fall - broke neck

How long

Immadiata

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. Parry

Address

Hyattsville Md.

Accident or Suicide?

697
2.5

Name
in
Full

Mora Marden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month Dec	Day 23	Age 75	Years	Months 1	Days 14
Sex	Female	Color or Race	White		Birth-place	Md	
Occupation	House	Where Residing if not at place of death			At home		
Married, <input checked="" type="checkbox"/>	Widow <input checked="" type="checkbox"/>	Husband	Henry M. Marden				
Father's Name	Syles		Father's Birthplace	Md			
Mother's Maiden Name	Unknown - to me		Mother's Birthplace	Md			
Name of person giving information	Thomas Marden		How related to deceased	Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General debility

How long

3 Years

Immediate

Euphrenia

How long

154

should

Are the name, age, sex, color, date and place correctly given above?

Yes

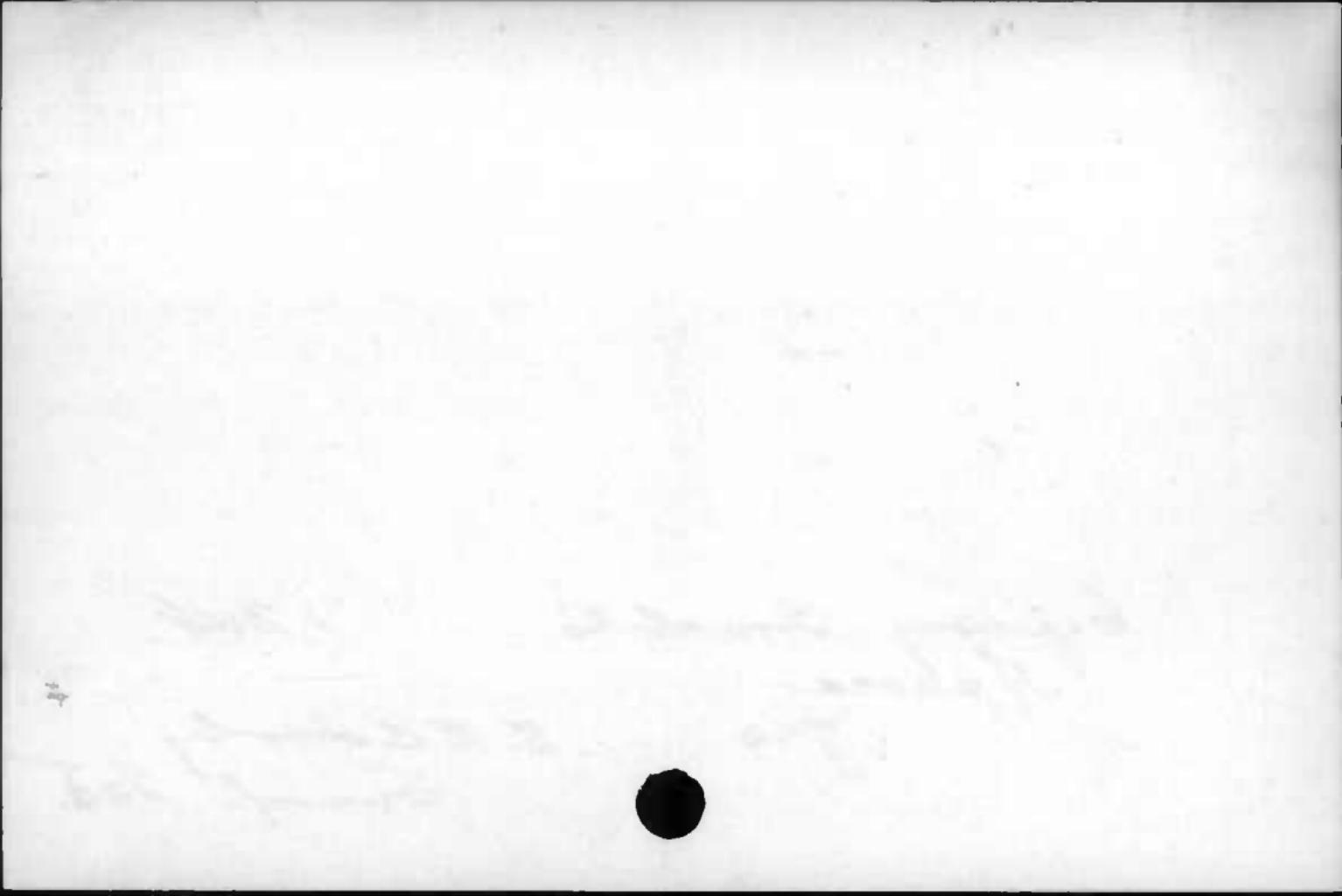
Signature of Physician

Address

John L. Waring

Colinton

Accident or Suicide?



Name
in
Full

Sally Rebecca Merson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Isick H Merson				
Mother's Maiden Name	Osie M Boyer				
Name of person giving Information	Osie M Merson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Capillary Bronchitis

How long

1 week

Immediate

Aphroa

How long

Are the name, age, sex, color, date and place correctly given above?

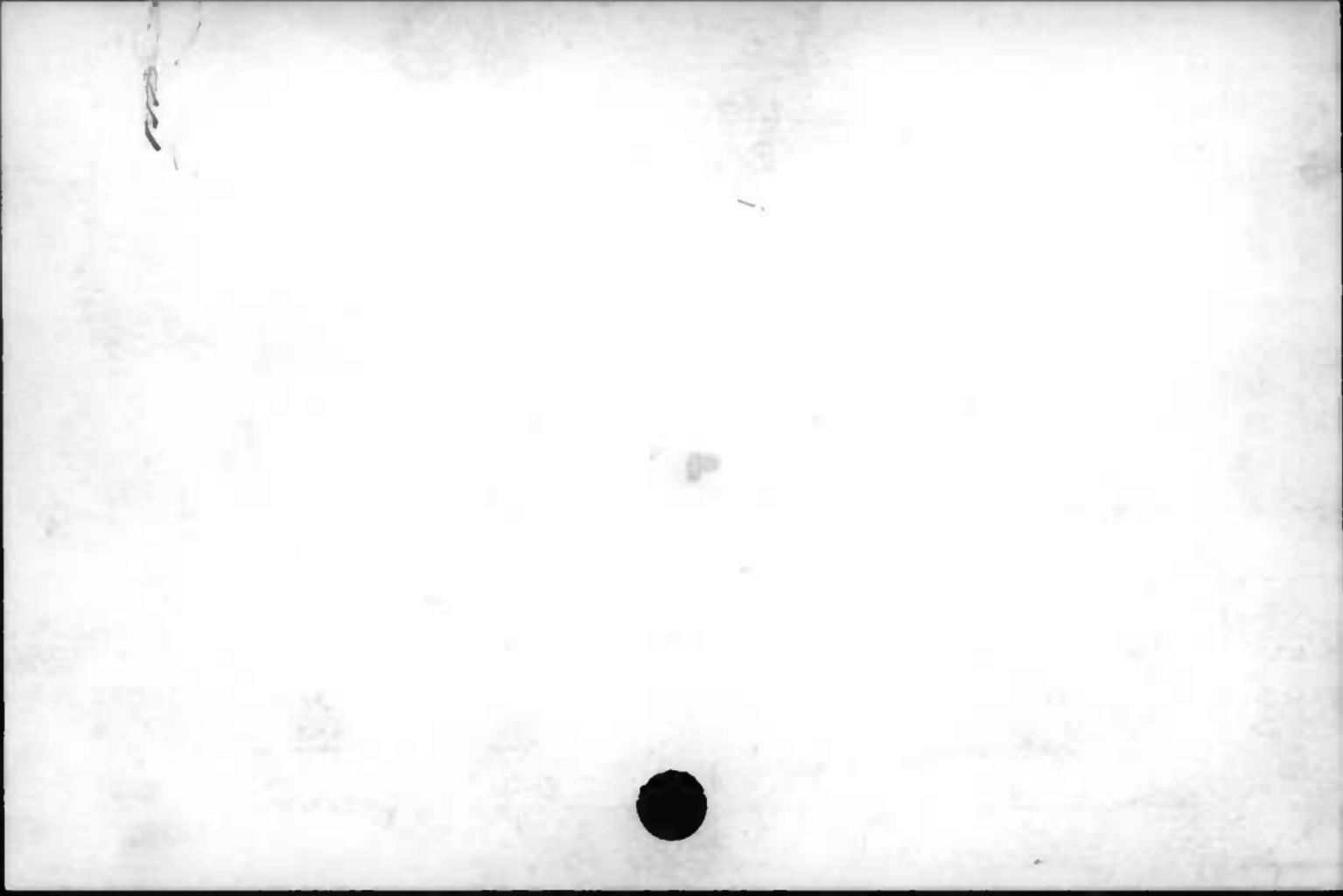
Gas

Signature of Physician

Address

S. R. C. Stanley
Surgeon, Md.

Accident or Suicide?



Name
in
Full

William Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored	Birth-place	Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Miller		
Father's Name	John Miller				
Mother's Maiden Name	Sally Miller				
Name of person giving information	from several sources				

CAUSES OF DEATH

Primary Valvular Heart-disease
How long several years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

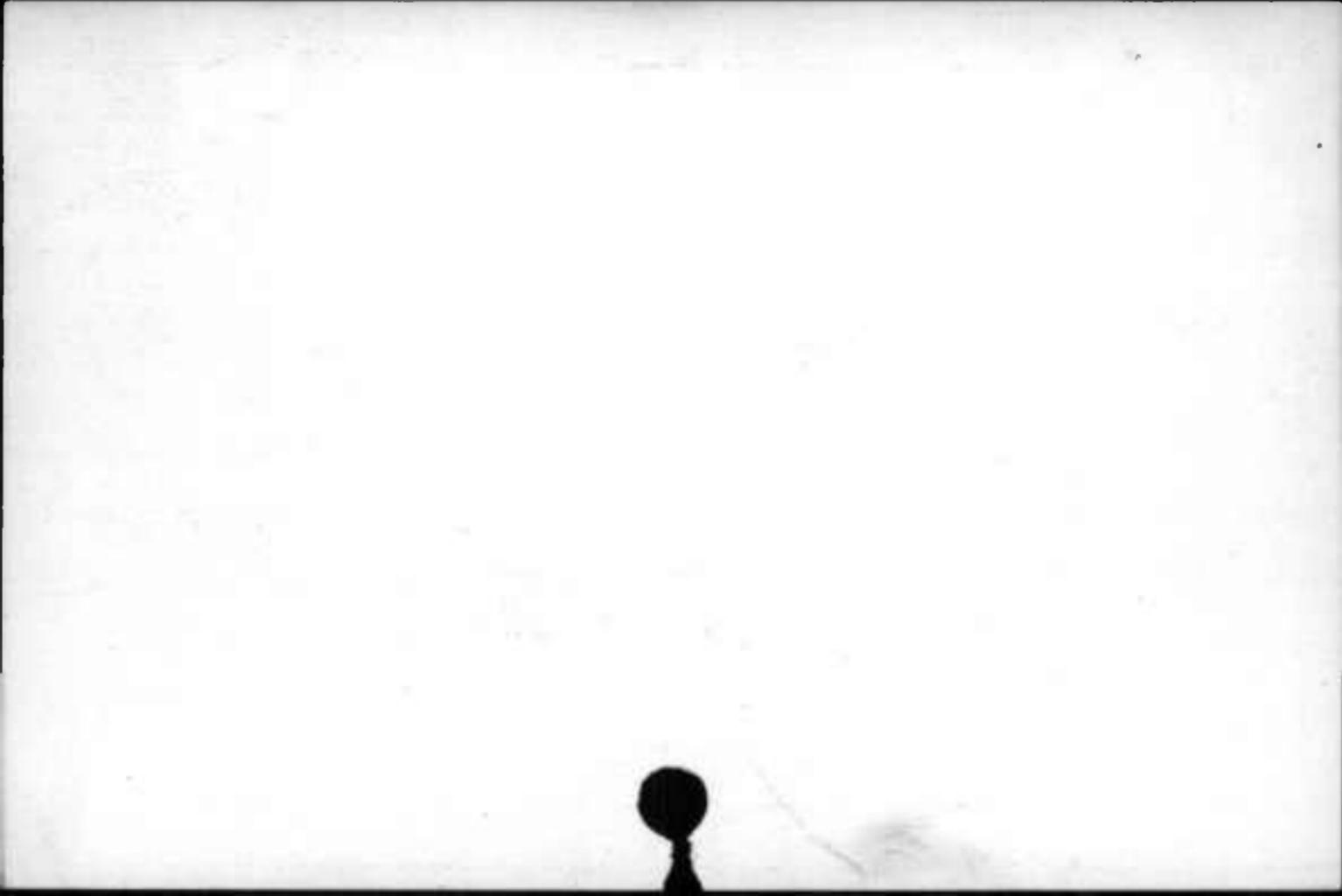
Signature of Physician

John A. Cor

Address

J.B.

Accident or Suicide?



Name
In
Full

Mordecai J. Mitchell
Marlboro

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	5'6	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Mordecai Mitchell			
Mother's Maiden Name	Clydekae Mitchell			
Name of person giving Information	James H. E. Mitchell			

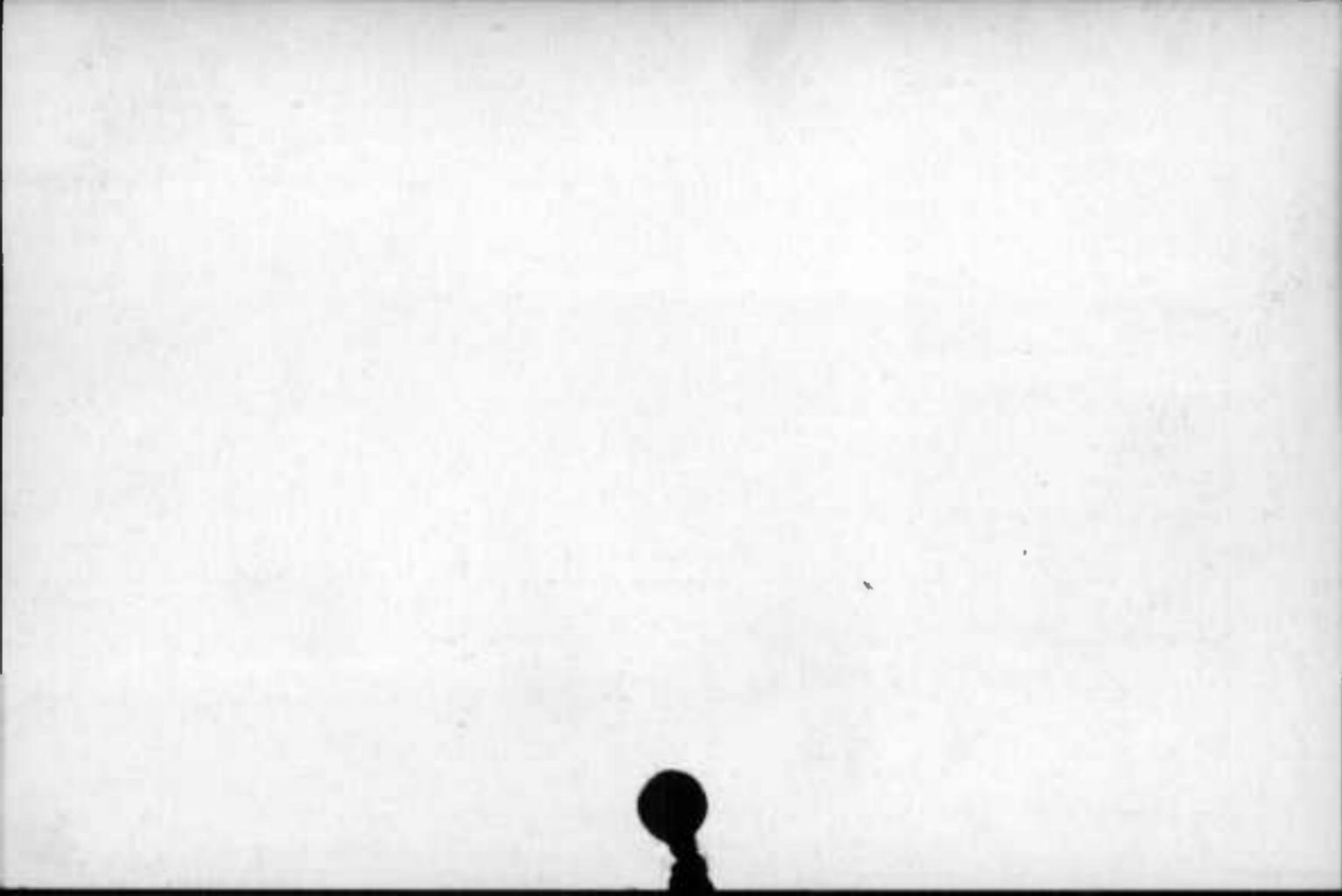
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		
Immediate	Heart failure		
Are the name, age, sex, color, date and place correctly given above?			
Yes			
Signature of Physician			
Address			
Accident or Suicide?			

93 8 days

Reverdy Sasscer
4750 Marlboro Rd



Name
in
Full

William Edward Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Upper Marlboro</u>		Town	<u>Prince George's Co.</u>		County	<u>MARYLAND</u>	
Date of death	1906	Month	12.	Day	8	Age	<u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>		Birth-place	<u>P.G. Co. Md</u>	
Occupation	<u>Stone</u>		Where Residing if not at place of death			<u>—</u>	
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband			<u>—</u>	
Father's Name	<u>George Parker</u>		Father's Birthplace			<u>P.G. Co. Md</u>	
Mother's Maiden Name	<u>Lillie Garner</u>		Mother's Birthplace			<u>—</u>	
Name of person giving information	<u>Eliah J. Garner</u>		How related to deceased			<u>Grandfather</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Don't Know19

How long

Immediate

Chronic

How long

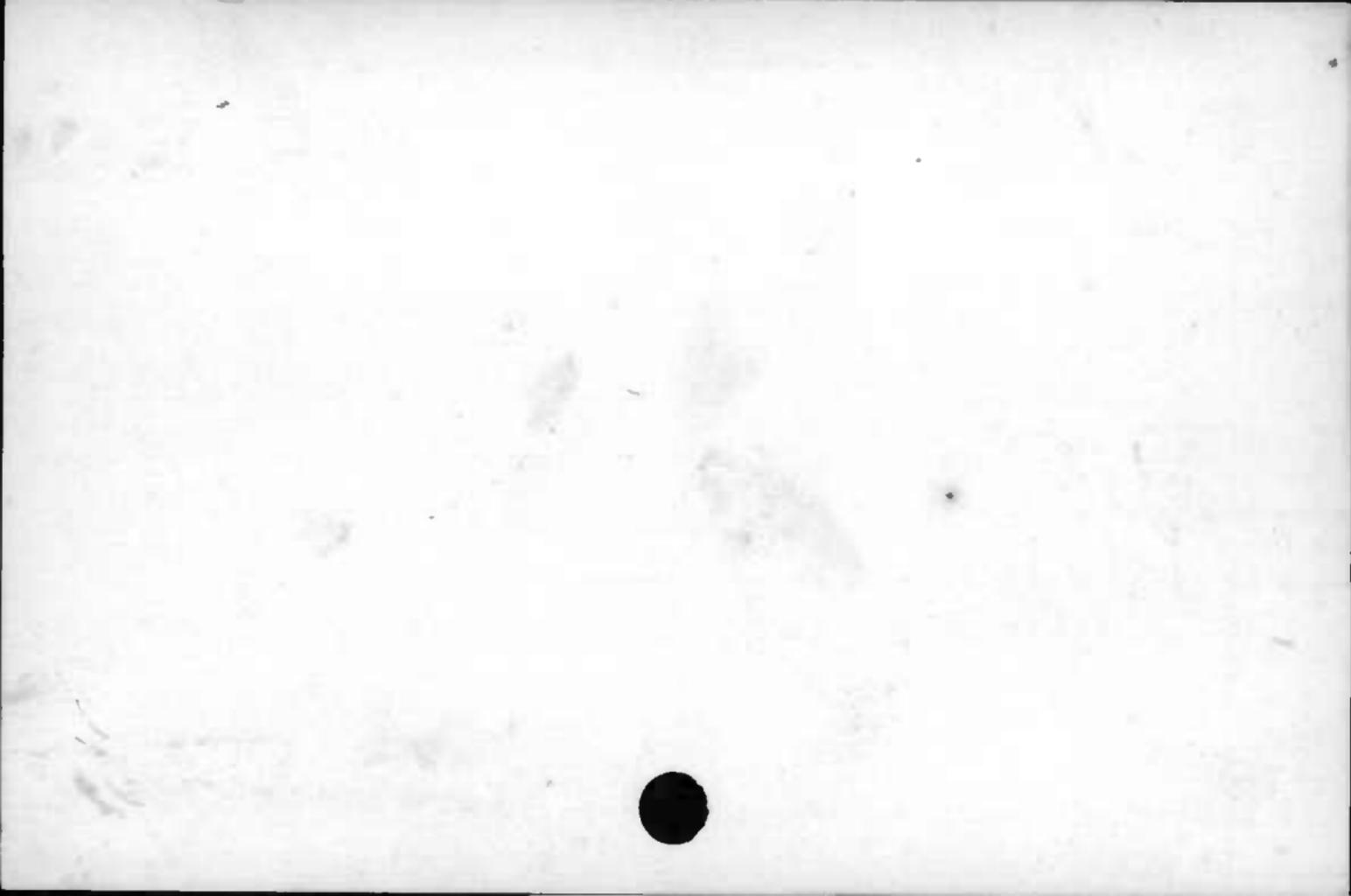
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

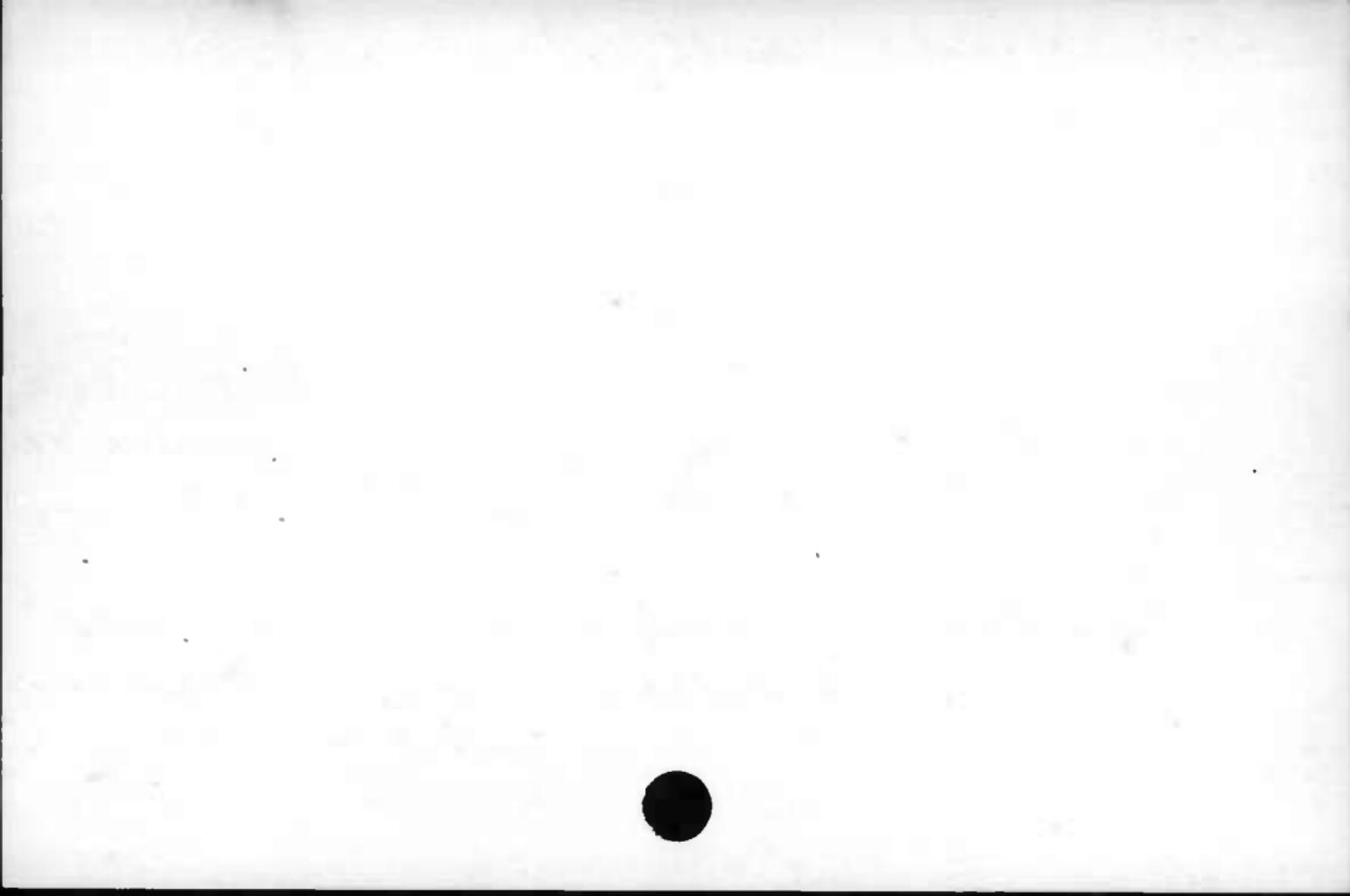
Address

Accident or Suicide

Forestville Md



Died at <u>Silver Hill</u>		Town	County		CERTIFICATE OF DEATH	
Date of death <u>1906</u>		Month <u>Dec</u>	Day <u>15</u>	Years <u>33</u>	Months	Days
Sex <u>Female</u>		Color or Race <u>colored</u>			Birth-place <u>Phila.</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife of Husband				
Father's Name <u>Unknown</u>		Father's Birthplace <u>Phila.</u>				
Mother's Maiden Name <u>-</u>		Mother's Birthplace <u>-</u>				
Name of person giving information		How related to deceased <u>-</u>				
CAUSES OF DEATH						
Primary <u>Phtisis pulmonalis</u>				How long <u>Six mos</u>		
Immediate <u>Exhaustion</u>				How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		<u>T. D. Mudd</u> <u>Anacostia</u> <u>Db. per sec</u>		
Copied in ink		Address				
Accident or Suicide?						



Name
in
ENT

TO BE ANSWERED BY
NEAREST FRIEND

Franklin Edward Powell						CERTIFICATE OF DEATH	
Died at		town	County		MARYLAND		
Date of death	1906	Month Dec.	Day 12	Years 49	Months 6	Days 18	
Sex	Male	Color or Race	White		Birthplace	Frederick Md.	
Occupation	Blacksmith		Where Residing if not at place of death		Dayton Ohio		
Married, Single or Widowed	Married	Name of Wife or Husband	Margret E. Peterson		Father's Birthplace	Berkeley, W. Va	
Father's Name	George S. Powell				Mother's Birthplace	Frederick, Md.	
Mother's Maiden Name	Susannah Powell				How related to deceased	None	
Name of person giving information	J. H. Dickson MD						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Endocarditis

How long

5 years

Immediate

Acute Cardiac Failure

How long

10 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

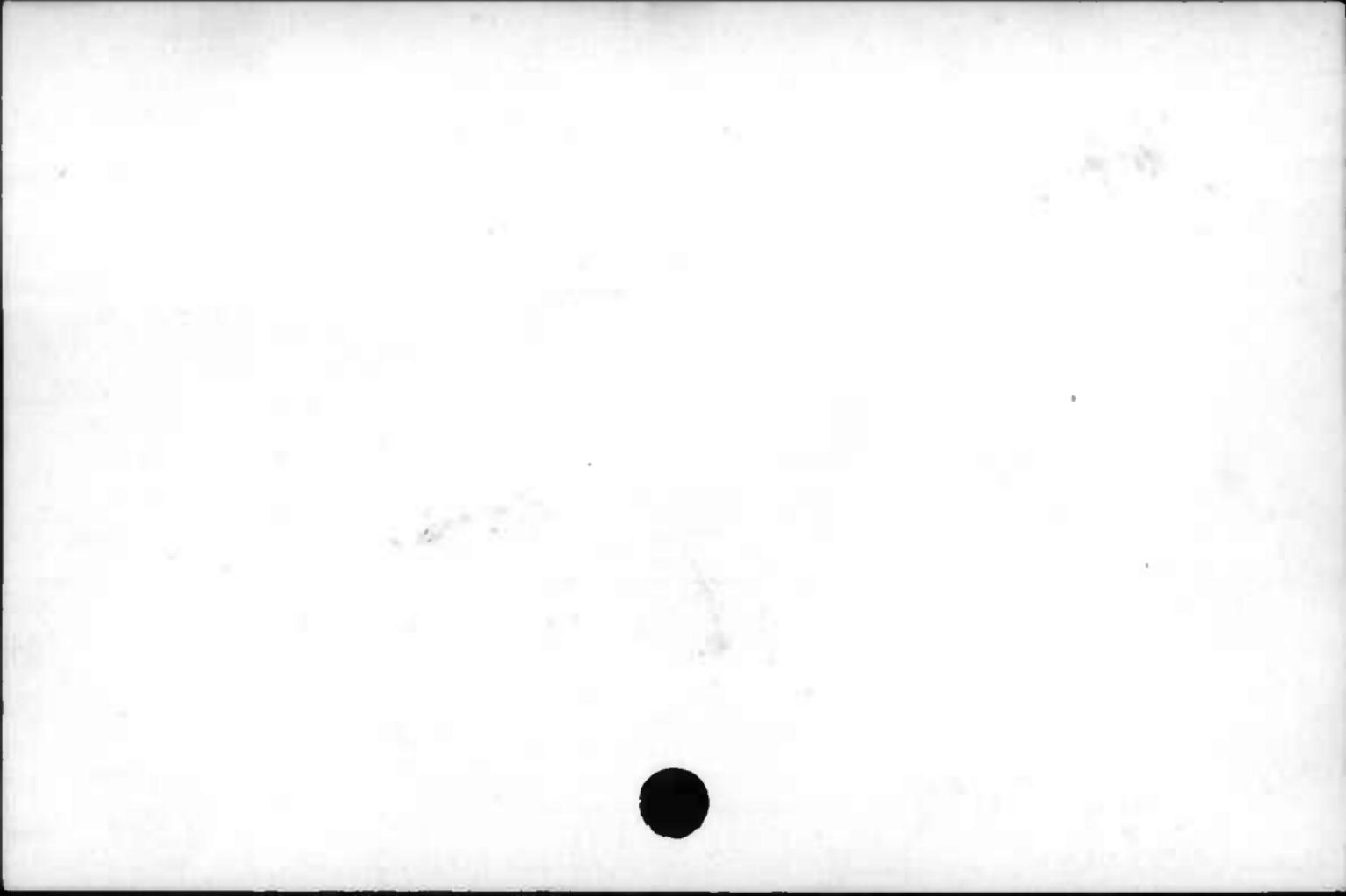
Signature of Physician

Address

J. H. Dickson MD
1242 New St. Brookland
D.C.

Accident or Suicide?

No



Salina Ryan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Ardwick</u> Town		County <u>Pr George</u>		MARYLAND	
Date of death <u>1906 Dec</u>	Month <u>3</u>	Day <u>3</u>	Years <u>64 +</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>			
Occupation <u>Domestic</u>	Where Residing if not at place of death				
Married Single or Widowed <u>Widow</u>	Name of Wife or Husband	Patrick Ryan			
Father's Name <u>Thomas Harvey</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name <u>Kate O'Day</u>	Mother's Birthplace <u>Ireland</u>				
Name of person giving information <u>Mrs John Kinn</u>	How related to deceased <u>Daughter</u>				

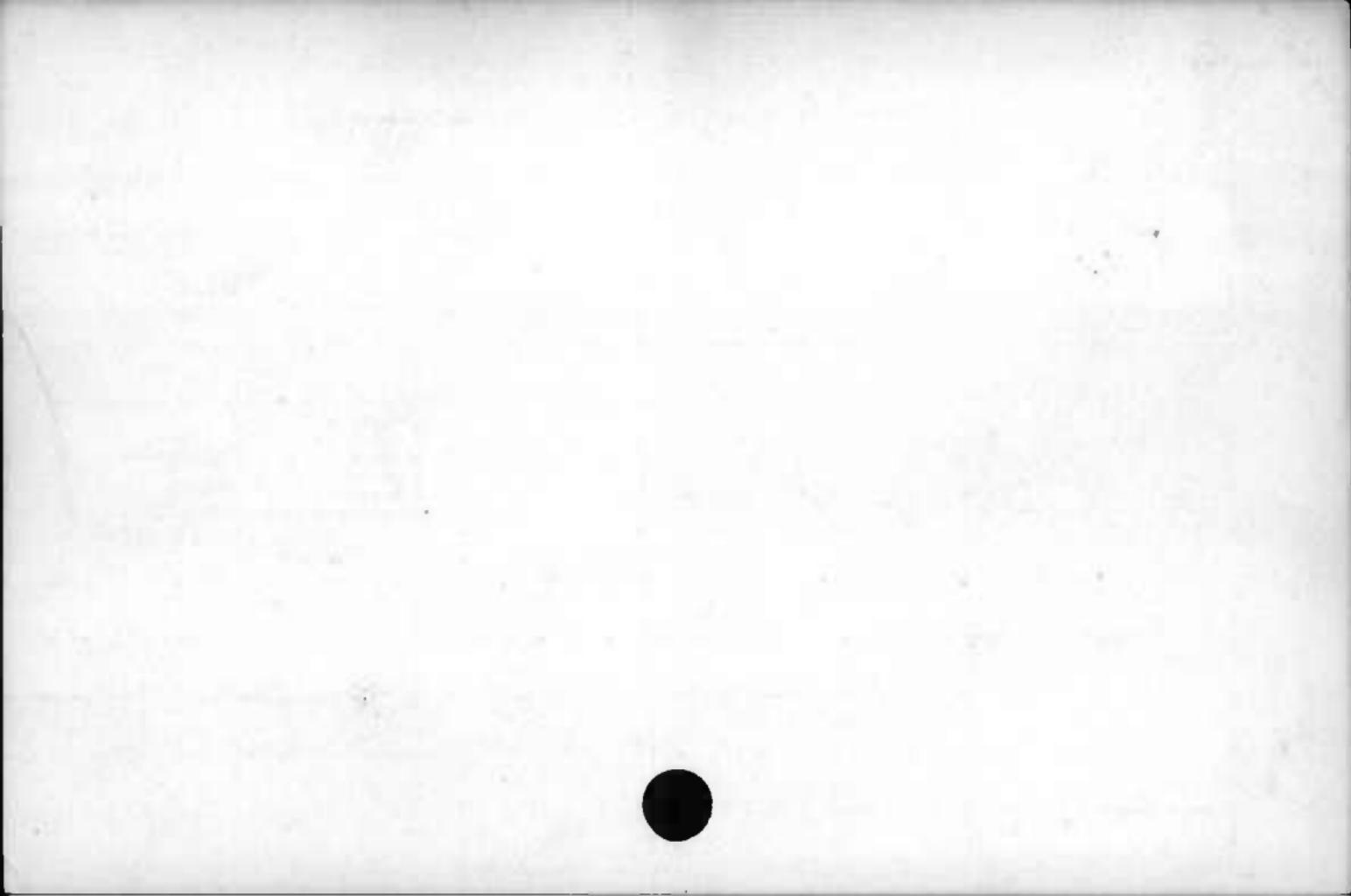
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>About 40 days</u>
Immediate <u>Exhaustion</u>	How long <u>Gradual</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Approximately</u>	Address
Accident or Suicide?	

66

CW Burdall MD
Hyattsville MD



Name
in
Full

William J. Sascer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Northkeys</u>		Town	<u>Or Geo</u>		County	MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>14</u>	Age <u>50</u>	Years <u>50</u>	Months <u>11</u>	Days <u>20</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>			
Occupation <u>Commercial Traveler</u>	Where Residing If not at place of death <u>Baltimore</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband						
Father's Name <u>James J. Sascer</u>				Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Harrietta Southern</u>				Mother's Birthplace <u>Md</u>			
Name of person giving Information <u>W H Sascer</u>				How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's Disease

(No)

How long

Immediate

Hæmorrhia

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. H. Gibbons
Crown and

Accident or Suicide?

4



Name
in
Full

Samantha Scopild

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>MT. Pleasant</u> Town		<u>P. S.</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>8</u>	Age <u>83</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>New York</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>widowed</u>	Name of Wife or Husband				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>,</u>	Mother's Birthplace <u>,</u>				
Name of person giving Information <u>A. L. Marr</u>	How related to deceased <u>Son in law</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paresis

(6)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

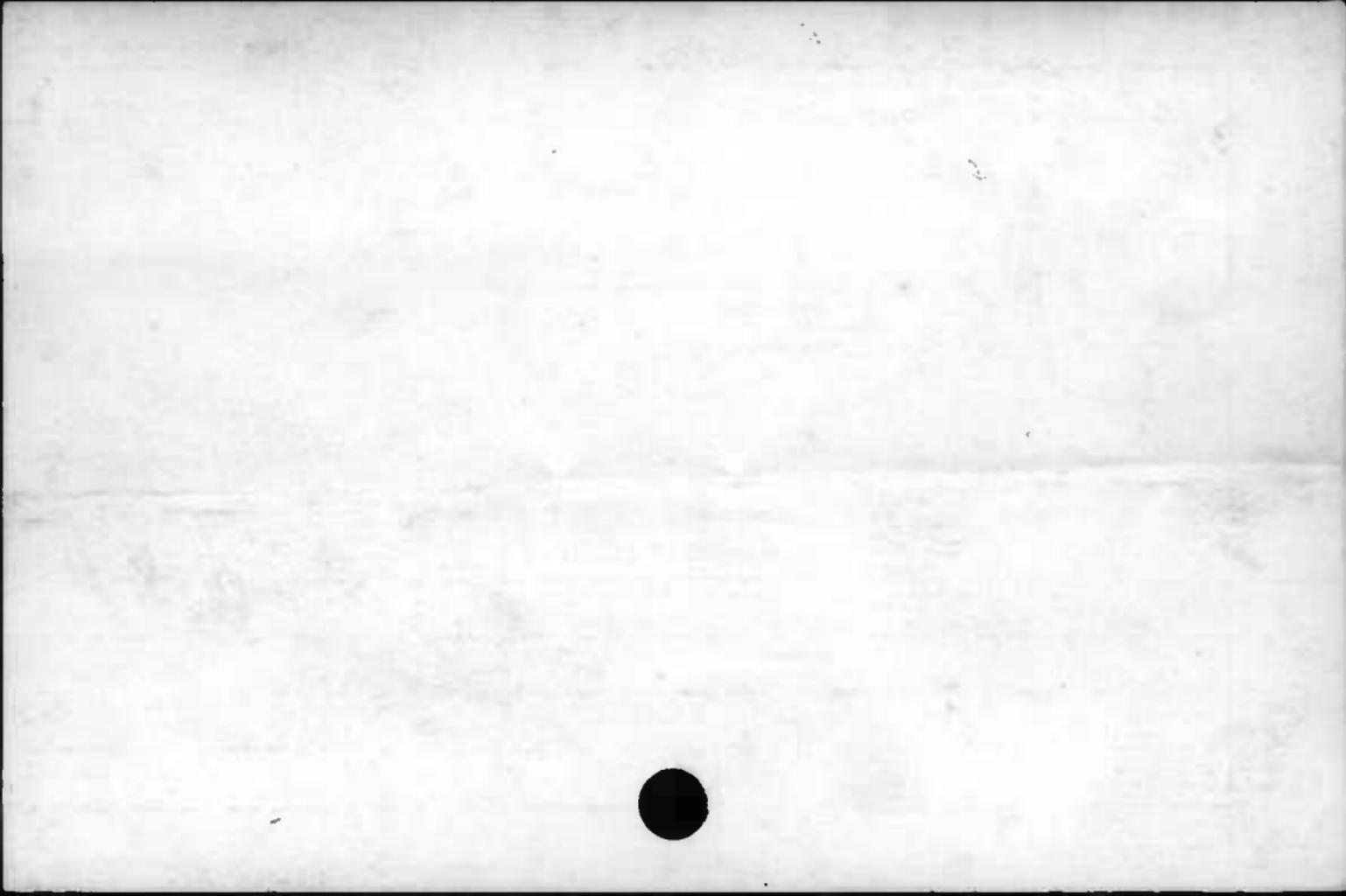
Yes

Signature of Physician

W. J. Gibbons
Crain Md

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Capital Hts</u>		Town	County <u>D.C.</u>	
Date of death <u>1906</u>	Month <u>Dec</u>	Day <u>14</u>	Age <u>31</u>	Years
Sex <u>Male</u>	Color or Race <u>White</u>	Months <u>3</u> Days <u>2</u>		
Occupation <u>None</u>	Birth-place <u>Md.</u>			
Married, Single or Widowed	Where Residing if not at place of death			
Father's Name <u>Unknown</u>	Name of Wife or Husband			
Mother's Maiden Name <u>Unknown</u>	Father's Birthplace <u>D.C.</u>			
Name of person giving Information	Mother's Birthplace <u>D.C.</u>			
	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Gastritis

How long

3 days.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. H. Boswell

728 Md Ave. N.E.

Accident or Suicide?

duplicate

Name
in
Full

Henry Stord.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1906	Month 12	Day 7	Years 53	Months	Days
Sex	Male	Color or Race	Black.			
Occupation	Labour			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Minnie Stord Tyler			
Father's Name	Peter Stord			Father's Birthplace	A.H.C. Md.	
Mother's Maiden Name	Arbridge			Mother's Birthplace	" "	
Name of person giving information	Prince A. Benson			How related to deceased	none.	

CAUSES OF DEATH

Primary Chron. Paroxysmatus Nephritis
Immediate Maenia

How long

How long

20, year
48 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

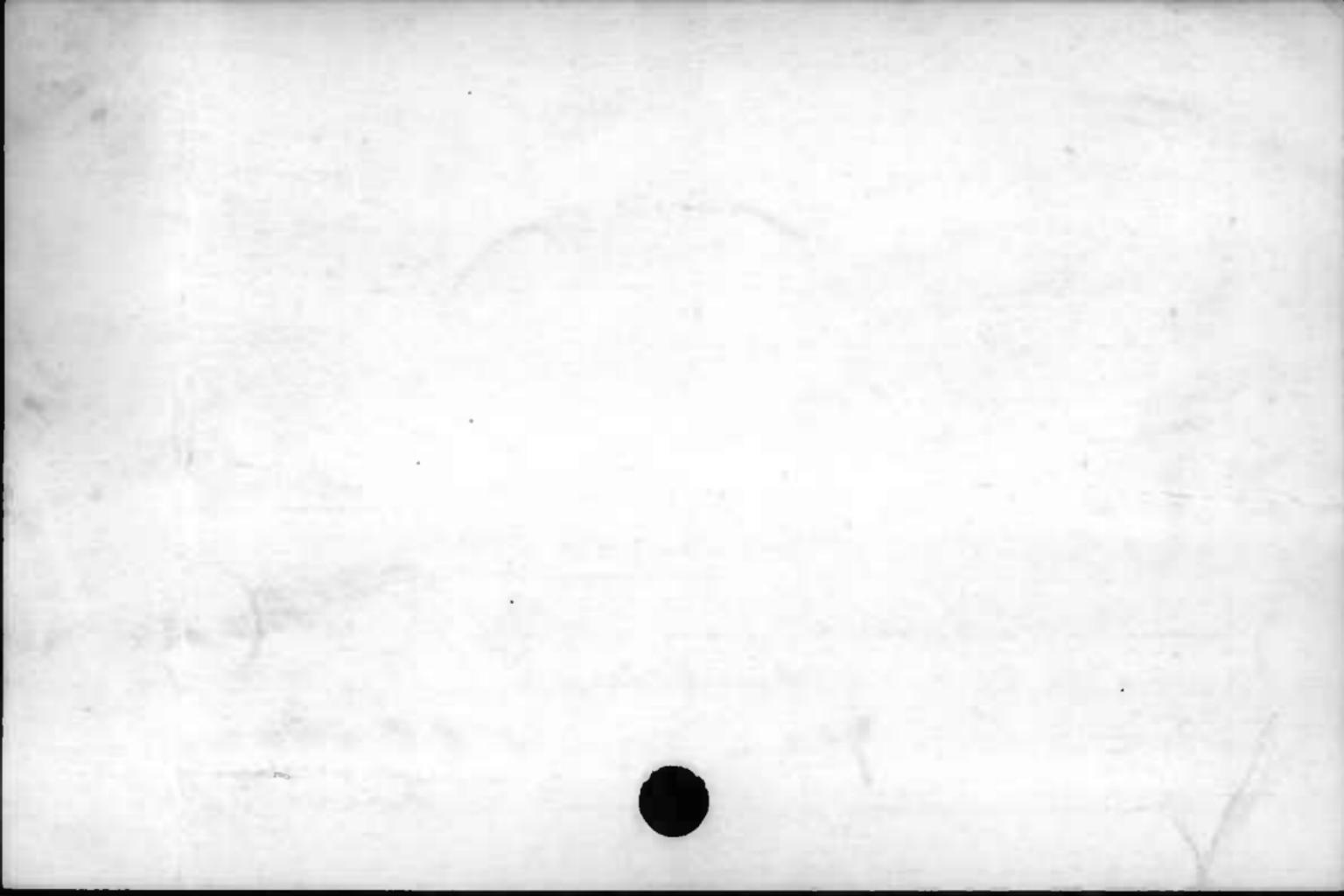
Signature of Physician

S. R. C. Stordy

Address

South Bend

Accident or Suicide?



Name
in
Full

William Ralph Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Laura Town

County

MARYLAND

Date of death 1906 Month Dec

Day

Years

Months

Days

7

Age

7.

22

Sex Male

Color or Race

Black

Birth-place

Laura

Occupation

homWhere Residing if not
at place of deathLauraMarried, Single
~~or~~ Widowed25Name of Wife or
Husbandnone

Father's Name

William R. Thomas

Father's Birthplace

A. A. CoMother's
Maiden NameLaura Powell

Mother's Birthplace

P. Geo CoName of person giving
InformationWilliam ThomasHow related
to deceasedFather

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

How long

10 days

Immediate

Capillary Bronchitis

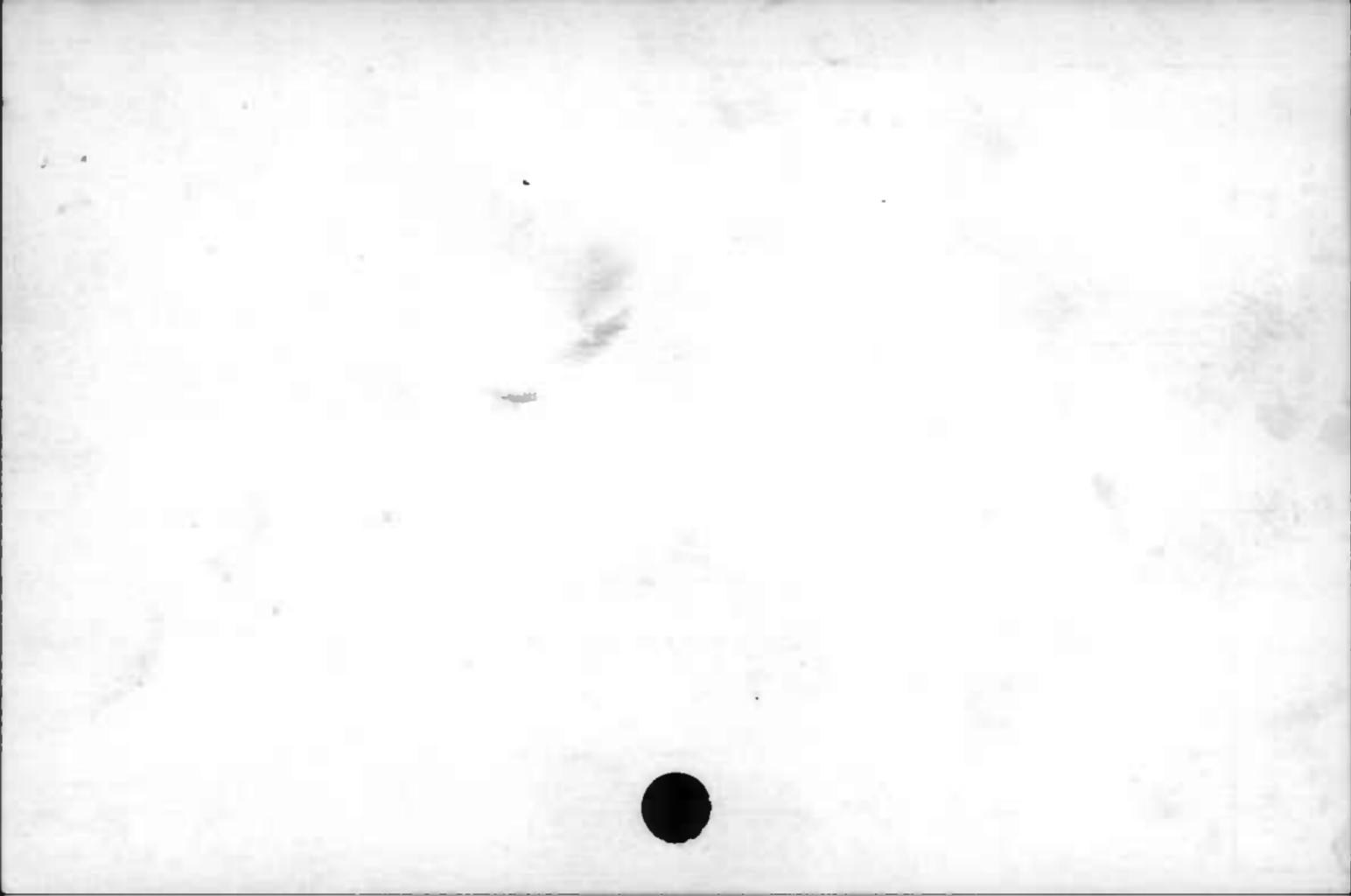
How long

4 daysAre the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianD. R. C. Darrow

Address

Funeral Home

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Thomton

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date
of death

1906

Month

12

Day

5

Years

—

Months

—

Days

10

Age

Sex

Male

Color or
Race

Black

Birth-
place

P.G. Co. Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

James Thomton

Father's
Birthplace

P.G. Co. Md

Mother's
Maiden Name

June Roger

Mother's
Birthplace

Name of person giving
Information

James Thomton

How related
to deceased

Father

CAUSES OF DEATH

Primary

Don't know

19

How long

Immediate

Congestional

How long

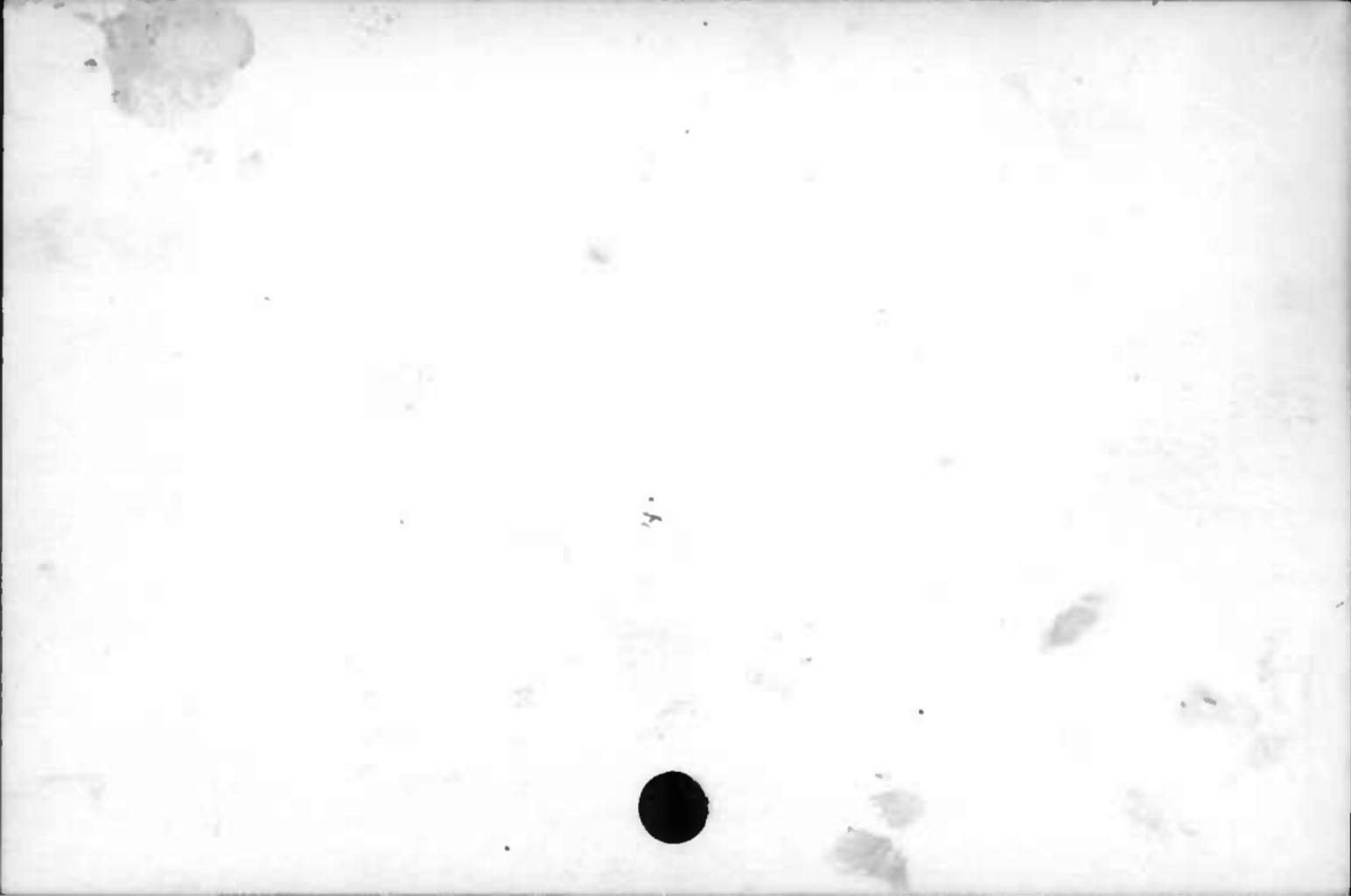
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide

and
J. Sausbury M.D., A.O.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alfred. Draves

CERTIFICATE OF DEATH

Died at Roselcroft		Town Pr. Ses.	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1906	12	18	68			
Sex Male	Color or Race Colored	Birth- place Va	Where Residing if not at place of death Home			
Occupation Farmer	Eliza Hallton Draves					
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace				
Father's Name	—					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving Information	Scipio Draves	How related to deceased	Brother			

CAUSES OF DEATH

Primary

Vertigo

How long

95

Immediate

Congestion & Deferma of lungs

How long

Are the name, age, sex, color, date
and place correctly given above?

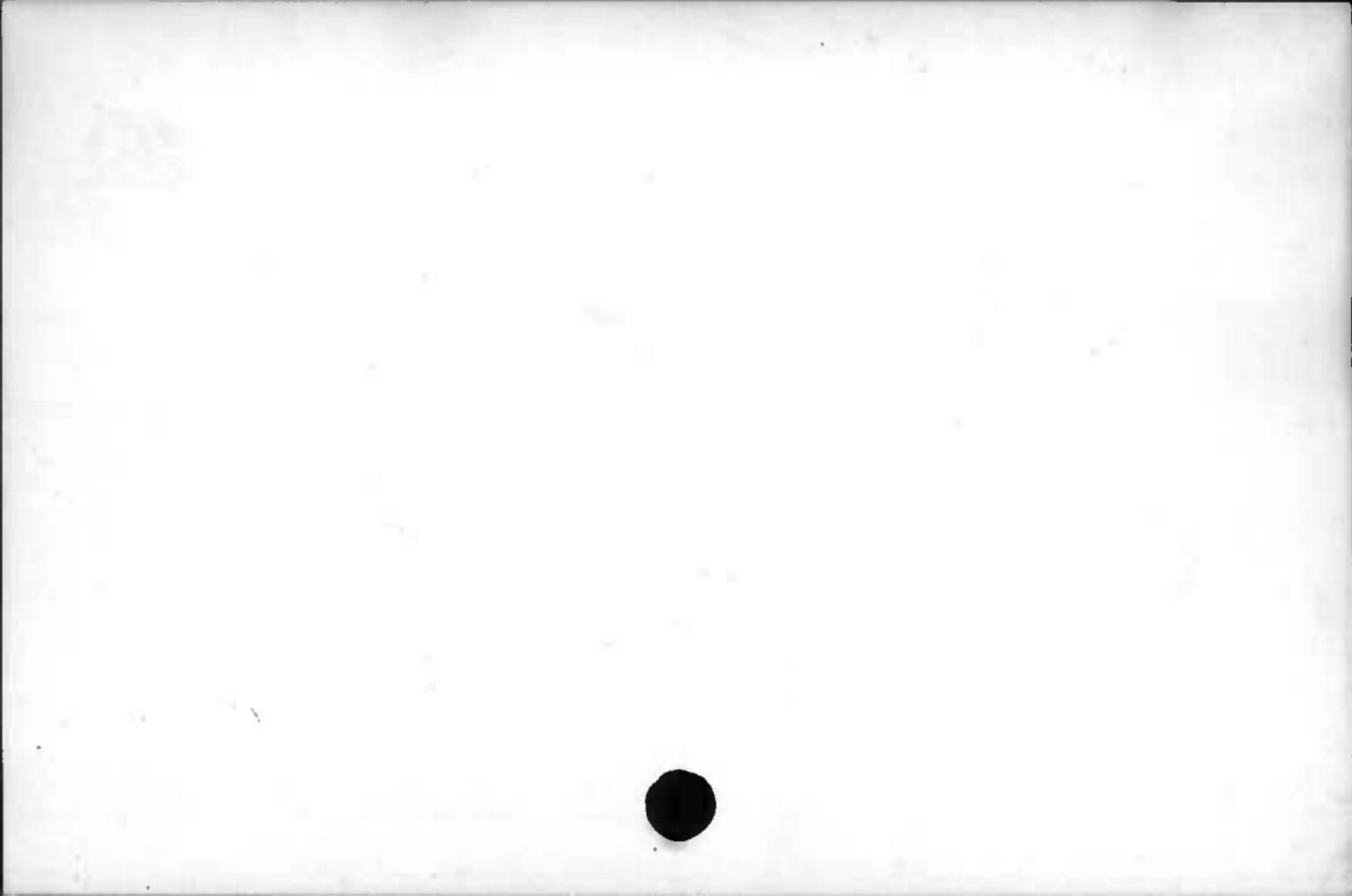
Yes

Signature of
Physician

Address

E.P. Sampson

Accident or Suicide?



Name
in
Full

George N. Walker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at
Baltimoreville

County
Prince Geo

MARYLAND

Date
of death 1906 Dec 23

Day
Age 60

Years

Months

Days

Sex Male

Color or
Race

white

Birth-
place

Md

Occupation

Contractor

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Alivia P. Walker

Father's
Name

Benjamin Walker

Father's
Birthplace

Md

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Md

Name of person giving
Information

George E. Walker

How related
to deceased

son

CAUSES OF DEATH

Primary

Apoplexy

How long

1 day

Immediate

61

How long

Are the name, age, sex, color, date
and place correctly given above?

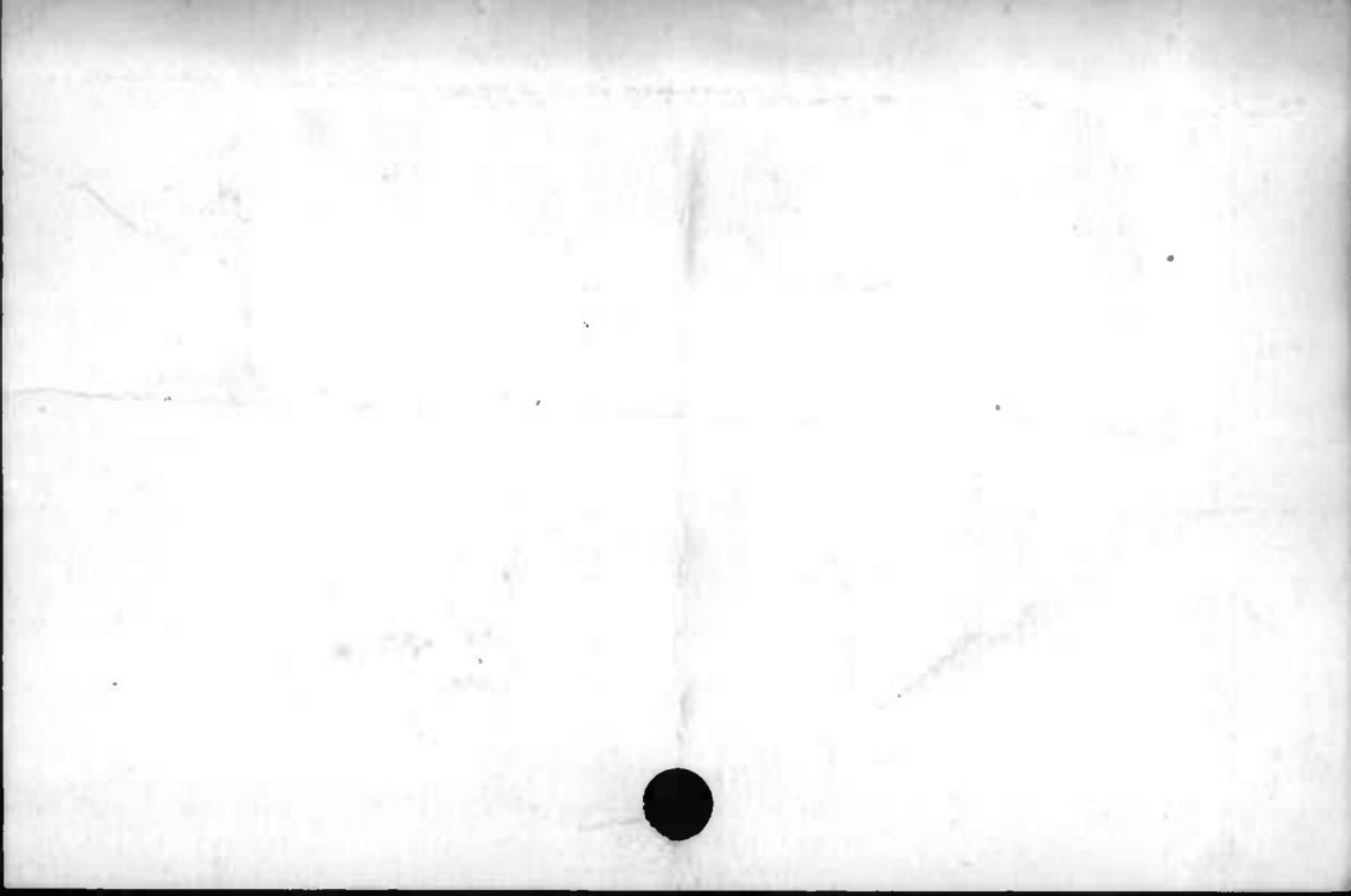
Yes

Signature of
Physician

Address

W. P. Abbott
Hyattsville Md

Accident or Suicide?



Name
in
Full

Mary L. Wellford.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Laurel ^{own} County ^{County} Del. Co.		MARYLAND	
Date of death	190	Month ¹² Day ^{21st} Age ⁴⁸	Years ⁴⁸	Months ⁻ Days ⁻
Sex	Female	Color or Race ^{white}	Birth-place ^{Md.}	
Occupation	Housewife	Where Residing if not at place of death ^{Laurel}		
Married, Single or Widowed	Married	Name of W ^m or Husband ^{Horace Wellford}		
Father's Name	Mr. Tydings-		Father's Birthplace	
Mother's Maiden Name			Mother's Birthplace	
Name of person giving Information	H. V. Wellford.		How related to deceased ^{Son.}	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Parris	①	How long ^{9 months}
Immediate	Exhaustion	②	How long ⁻

Are the name, age, sex, color, date and place correctly given above?

yes

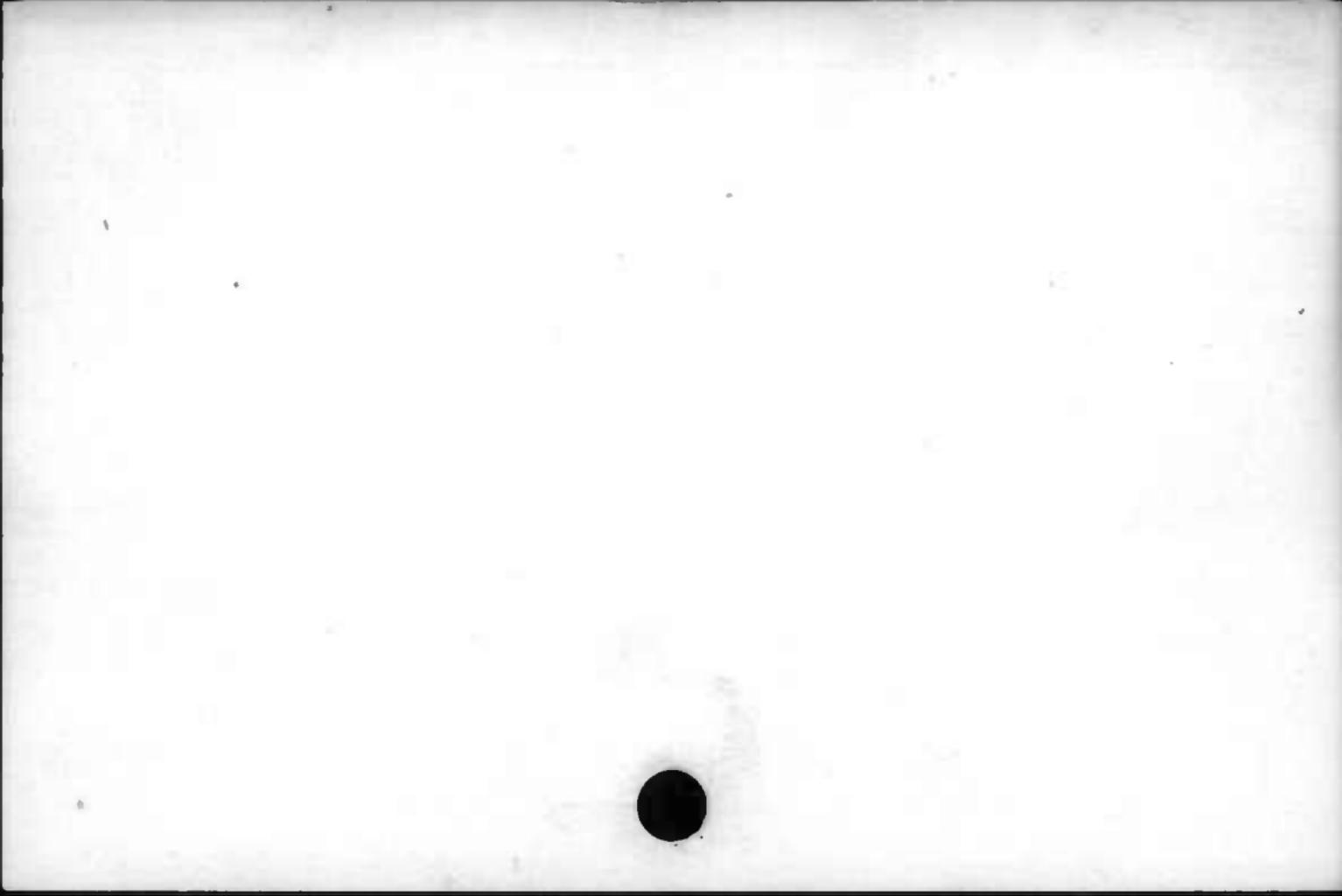
Signature of Physician

W. T. Taylor

Address

Laurel Md.

Accident or Suicide?



Alberta White

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Dec	12	41	9	-
Sex	Color or Race	Birth-place			
Female	White	Baltimore			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Franklin P. White			
Married	Franklin P. White				
Father's Name	John W. Mary	Father's Birthplace	Md.		
Mother's Maiden Name	Ella M. Mary	Mother's Birthplace	Md.		
Name of person giving information	Francis P. White	How related to deceased	Son		

CAUSES OF DEATH

Primary

Uremia Labor (35) few hours.

How long

Immediate

Post Partum Hemorrhage Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

John E. Sarsbury
Forestville,
R. Gle. Md.

Accident or Suicide?

neither.

